

## Technical/Clinical Best Practice 3

### Abbreviated Differential Diagnosis for Inflammation

**Note:** The examples in these lists are not ranked by importance.

#### ENDOGENOUS CAUSES OF INFLAMMATION:

- Access inflammation.
- Congestive heart failure.
- Connective tissue disease (such as, autoimmune diseases, nephritis, otitis, rheumatoid arthritis, or causing sinusitis.)
- Failed kidney transplant in situ.
- Silent ischemia of the brain, heart, or peripherally- including ischemic distal digits.
- Infection: arterial ulcer, diabetic foot ulcer, discitis, diverticulitis, encapsulated/silent infection of artero-venous or arterial grafts such as aorto-femoral or femoral-popliteal, endocarditis, hepatitis, osteomyelitis, otitis, paronychia, periodontal disease (gingivitis, caries), pressure ulcer, pyelocystitis, renal cystitis (e.g. autosomal dominant polycystic kidney disease), septicemia, sinusitis , and stasis ulcer.
- Inflammatory bowel disease.
- Malignancy de-novo and recurrent.
- Uremia.

#### EXOGENOUS CAUSES OF INFLAMMATION:

- Chronic stump irritation, malfitting prosthesis.
- Dialysis-related: biocompatibility of materials, biofilm on foreign bodies (catheters; hemodialysis machine), hypercatabolism associated with dialysis treatment (negative protein and energy balance), inadequate dialysis, nutrient losses during dialysis residual bacterial DNA in hemodialyzers, plasticizers, and poor water quality in dialysis machine. Gadolinium, medications, other catheters, especially artero-venous, but also, foley, etc.
- Periodontal disease, poor dental care.