CORRESPONDENCE

Impact of the Limitations in Fluid Overload Assessment by Bioimpedance Spectroscopy

KEY WORDS: Bioimpedance spectroscopy; body composition; limitations.

Editor:

We thank Minguela *et al.* for their notes on our paper. They state some doubts about our conclusions due to the following facts.

The mean overhydration deviation (180 mL) may not be large enough as to have direct clinical consequences, as we already mention in the article, but it represents 10% of the patients' total fluid overload, so it should be taken into account when performing the test. It is true that the tests were always performed in the same order (full abdomen first), mainly for 2 reasons: first, it was more suitable for patients, since they arrive at the clinic with the dialysate in the abdomen; secondly, there is no apparent reason why the order should affect the results of the study.

If any of the factors that they mention (the order in which tests are performed, the amount of ultrafiltration or performing the test at the beginning of the dwell) interfered with the test results, performing the test with a full abdomen first should increase fluid overload in the second test in response to a volume transfer from blood to the peritoneal cavity. Hence, we would have obtained negative results or a tendency to overestimation when performing the test with a dry abdomen, but our results go in the opposite direction. We did not analyze differences in residual renal function, but patients were their own controls for comparisons.

Our data confirm the results of previous studies done with different bioimpedance devices. We agree with our colleagues that it has some limitations, and that larger studies could contribute to a better understanding of the subject.

DISCLOSURES

The authors have no financial conflicts of interest to declare.

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