

RISK FACTORS OF NON-EARLY RECOVERY AFTER AN EPISODE OF ACUTE KIDNEY INJURY

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BACKGROUND

Acute kidney injury (AKI) is a severe condition with a high incidence, morbidity and mortality.

This has not changed in recent decades, moreover, there is increasing evidence supporting the hypothesis that AKI is a risk factor for the future development or accelerated progression of chronic kidney disease.

Adequate follow-up studies after an episode of AKI are needed to identify predisposing factors or warning signs of this transition.

PATIENTS AND METHODS

Retrospective observational cohort study during a follow-up period of 9 years in a tertiary hospital, without cardiac surgery.

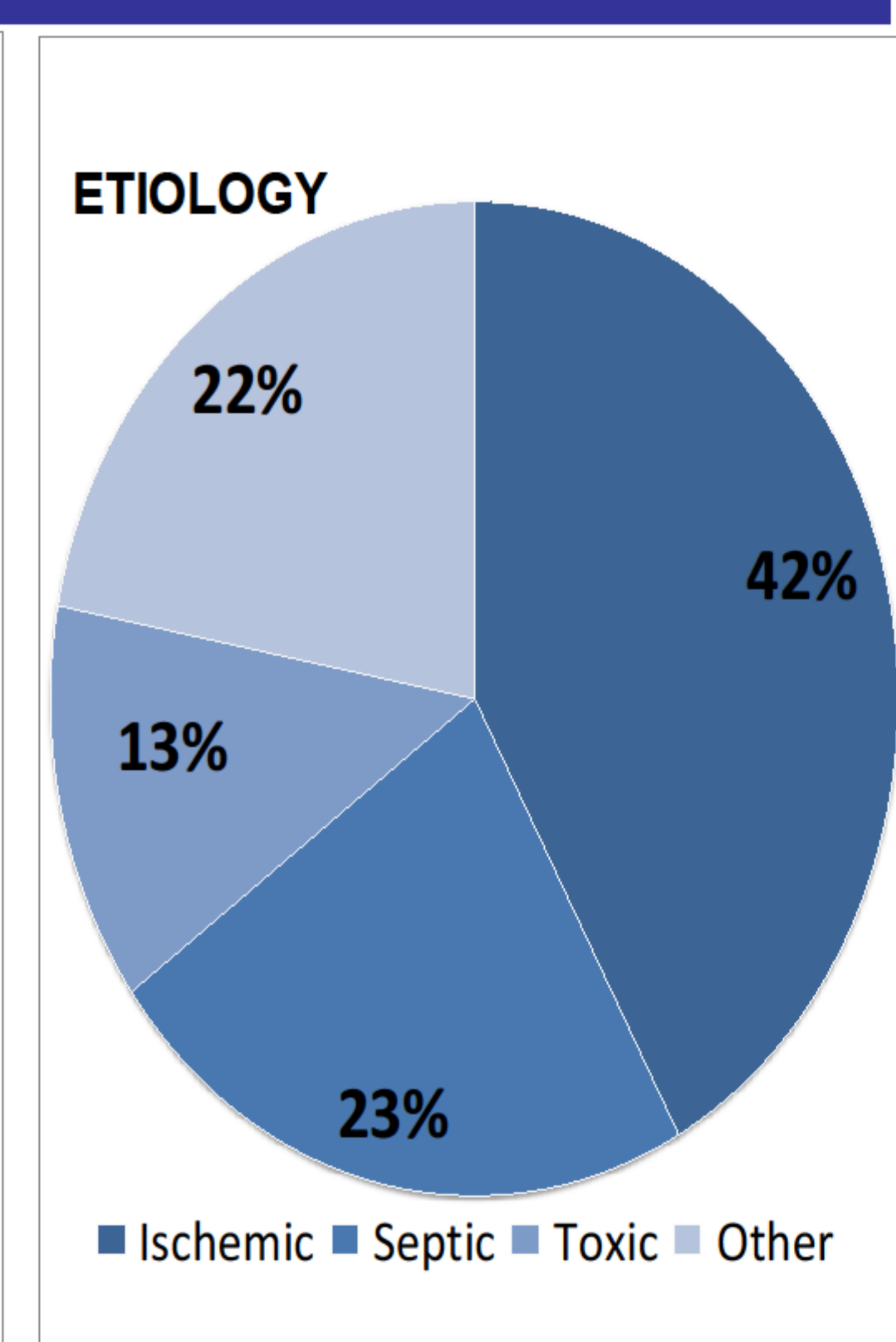
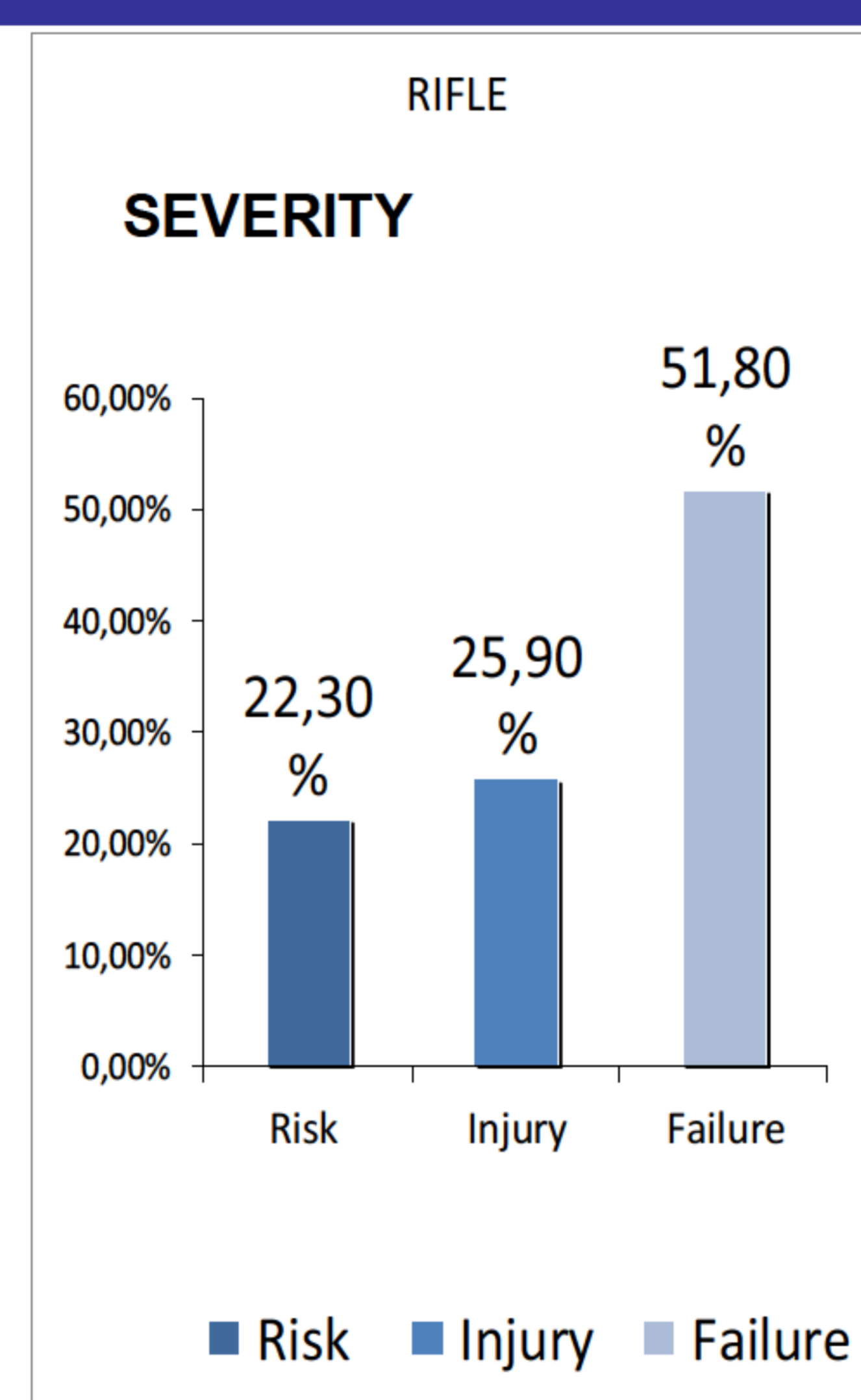
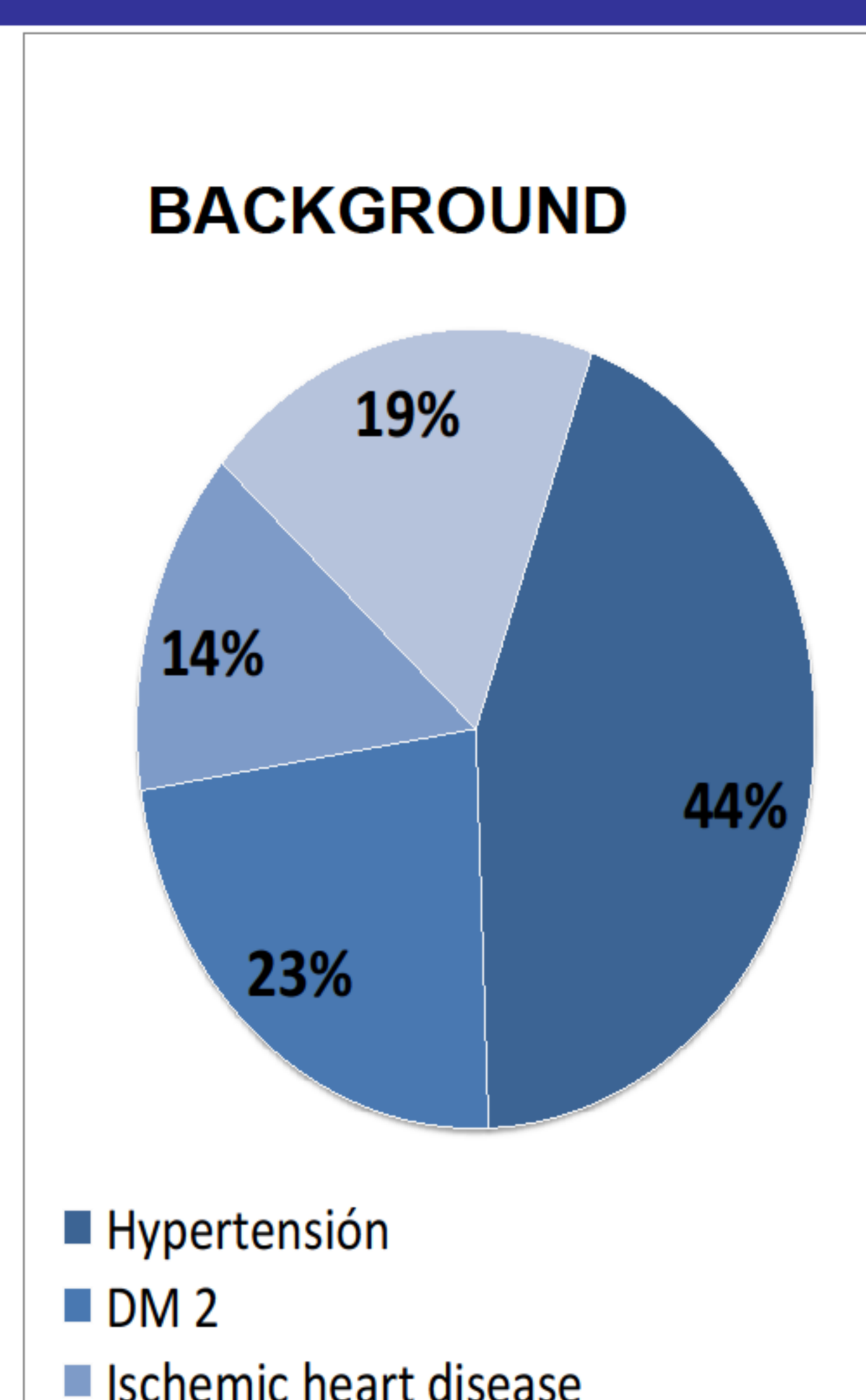
228 patients with AKI were included. Potential subjects were identified and enrolled by systematic chart review using the hospital coding system (ICD-9). Patients were included if pre-renal and obstructive etiologies were excluded. We used the ADQI definition and classification. Patients with prior known chronic disease and those who died during the episode were excluded.

AIM

To determine risk factors are related to non-recovery after an episode of AKI.

RESULTS

N	228
Men, n %	144 (64%)
Women, n %	88 (36%)
Age (mean±SD)	64 ± 19 years
Caucasian, n %	219 (96%)
baseline serum creatinine(mean±DS)	1,03 ± 0,4 mg/dl



Duration of AKI (mean ± DS)	32 ± 44 days	
Renal replacement therapy (n, %)	30 (13.2%)	
Renal function recovery after the first 4 weeks	Yes	No
	185 (81.1%)	43 (18,9%)

Independent risk factors for lack of recovery of renal function in four weeks	OR	CI 95%	p
Age > 64 years.	2,54	1,01-6,37	0,048
AKI secondary to nephrotoxicity	3,58	1,07-11,9	0,038
Serum creatinine during hospitalization > 4mg/dl	2,91	1,36-6,22	0,006

CONCLUSIONS

In our study the independent risk factors for lack of recovery of renal function during the first 4 weeks after an episode of AKI, are age > 64 years, serum creatinine > 4mg/dl and that the AKI was related to nephrotoxicity.

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