

INCIDENCE AND MORTALITY OF ACUTE KIDNEY INJURY REQUIRING RENAL REPLACEMENT THERAPY NOT IN INTENSIVE CARE UNIT

Silvia González Sanchidrián¹, Gema Rangel Hidalgo¹, Clarencio J Cebrián Andrada¹, Javier L Deira Lorenzo¹, Jesús P Marín Álvarez¹, Vanesa García-Bernalt Funes¹, Sandra Gallego Domínguez¹, Pedro J Labrador Gómez¹, Inés Castellano Cerviño¹, Ricardo A Novillo Santana¹, Juan R Gómez-Martino Arroyo¹.

¹ Nephrology Unit, San Pedro de Alcántara Hospital. Cáceres. Spain.

INTRODUCTION

The aim of the study was to assess characteristics, renal survival and mortality of patients who developed acute kidney injury (AKI) stage 3, according to KDIGO guidelines, and needed renal replacement therapy (RRT), not in intensive care unit.

MATERIAL AND METHODS

All patients who required RRT due to AKI stage 3 along one year were included, excluding patients in intensive care unit. Demographic and personal history data, previous renal function, cause of AKI, renal function, renal survival, and mortality at one and three months after AKI were recorded.

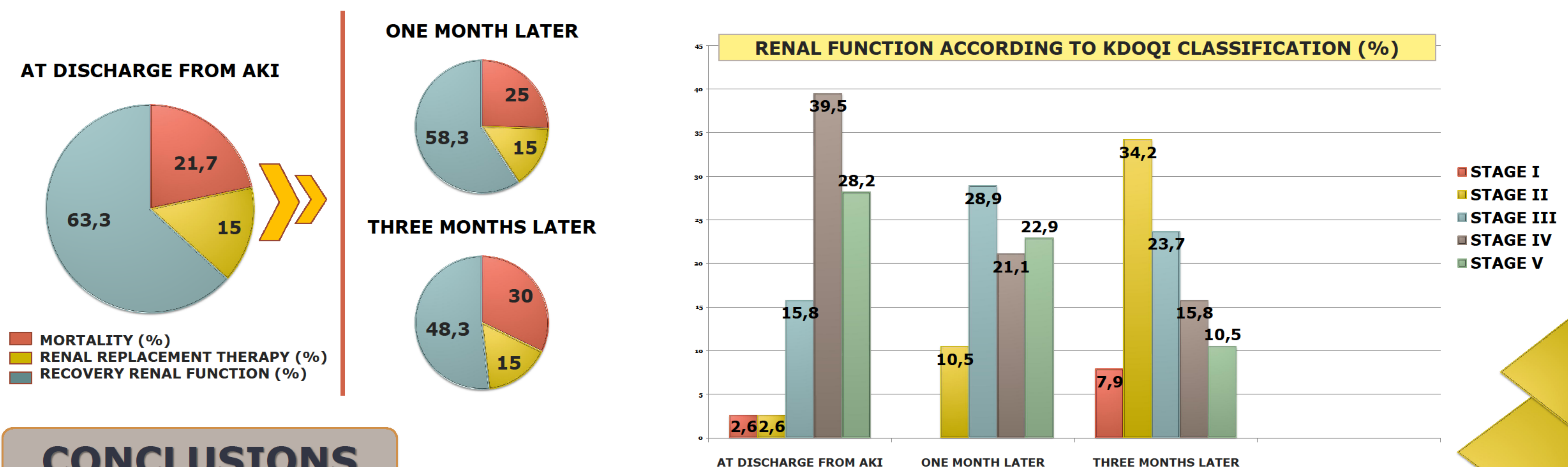
RESULTS

- ✓ A total of 60 patients were enrolled (incidence 150 patients/10⁶ population/year).
- ✓ Mean age 73.6±13.6 (range 25-91), 53.3% men and 46.7% women.
- ✓ Patient's characteristics: 80% were hypertensive, 32% were diabetics, 42% were dyslipemic, 43% were obese, 23% were smokers, and 58% with chronic renal failure (28.1% stage 3, 21.1% stage 4, and 8.8% stage 5).
- ✓ Cause of AKI: renal disease 60%, prerenal 32% and obstructive causes 8%.

RENAL FUNCTION

Serum creatinine before AKI	Maximum serum creatinine during AKI hospitalization	Serum creatinine at discharge from AKI	Serum creatinine one month later from AKI	Serum creatinine three months later from AKI
1.78±1.20 mg/dL	7.48±4.04 mg/dL	3.00±2.10 mg/dL	1.94±1.02 mg/dL	2.51±1.76 mg/dL

EVOLUTION OF ACUTE KIDNEY INJURY REQUIRING RENAL REPLACEMENT THERAPY



CONCLUSIONS

- ❖ In our health area, AKI stage 3 requiring RRT have an incidence similar to other studies.
- ❖ Mortality in AKI patients increase in time, reaching 30% three months after AKI episode, while renal survival keeps stable in this period.
- ❖ Patients who underwent an AKI requiring RRT showed glomerular filtration rate decreasing three months later. Therefore we believe that these patients should be followed up at discharge nephrology.

