





Clinical Outcome and Risk Factors Associated with Colistin-induced Acute Kidney Injury

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Colistin is an important antibiotic in the treatment of multidrug resistant organisms such as Acinetobacter baumannii and Pseudomonas aeruginosa, but acute kidney injury (AKI) due to nephrotoxicity is still a problem.



Table 2. Comparison of clinical and laboratory parameters between acute kidney injury group and non-acute kidney injury group (n=96)

Valuables	AKI (n=65)	Non-AKI (n=31)	<i>P</i> -value	
Age (years)	68 ± 12	67 ± 13	0.763	
Male gender, n (%)	46 (70.8)	16 (51.6)	0.074	
Body mass index (kg/m ²)	22.9 ± 3.3	21.8 ± 4.1	0.181	
Duration of hospital stay (days)	64.5 ± 66.4	33.6 ± 21.9	0.001	
Hospitalization cause, n (%)			0.814	
Medical admission	46 (70.8)	21 (67.7)		
Surgical admission	19 (29.2)	10 (32.3)		
Hospitalization of ICU, n (%)	49 (75.4)	20 (64.5)	0.333	
Duration of ICU stay (days)	29.5 ± 54.5	16.1 ± 17.8	0.077	
Patient death, n (%)	25 (38.5)	12 (38.7)	1.000	
Comorbidities, n (%)	. ,	- *		
Hypertension	29 (44.6)	12 (38.7)	0.662	
Diabetes mellitus	22 (33.8)	8 (25.8)	0.487	
Cardiovascular disease	12 (18.5)	9 (29.0)	0.294	
Malignancy	16 (24.6)	2 (6.5)	0.048	
Others	23 (35.4)	14 (45.2)	0.378	
Infection type at colistin use, n (%)				
Pneumonia	39 (60.0)	17 (54.8)	0.663	
Urinary tract infection	14 (21.5)	9 (29.0)	0.451	
Catheter-related infection	3 (4.6)	2 (6.5)	0.657	
Surgical wound infection	4 (6.2)	3 (9.7)	0.678	
Bacteremia	7 (10.8)	2 (6.5)	0.714	
Others	7 (10.8)	4 (12.9)	0.743	
APACHE II score	23 ± 6	23 ± 7	0.713	
Vasopressor, n (%)	42 (64.6)	14 (45.2)	0.081	
Mechanical ventilator, n (%)	40 (61.5)	16 (51.6)	0.383	
CRRT, n (%)	6 (9.2)	2 (6.5)	1.000	
Colistin dose				
Daily dose (g)	297 ± 115	285 ± 45	0.588	
Cumulative dose (g)	3,37 4± 2,254	2,419 ± 1,732	0.040	
Microorganism at culture			1.000	
Acinetobacter baumannii	47 (72.3)	22 (73.3)		
Pseudomonas aeruginosa	18 (27.7)	8 (26.7)		
Combined nephrotoxic drugs				

We investigated the incidence of colistin-induced AKI by KDIGO guideline, clinical outcome, and risk factors associated with AKI after colistin treatment.

METHODS

We retrospectively analyzed 96 patients with the use of colistin during hospitalization between December 2014 and July 2015. We compared clinical findings between AKI group and non-AKI group matched age, baseline kidney function, and diabetes mellitus as a co-morbidity.

RESULTS

Table 1. Baseline demographic characteristics of colistin-induced nephropathy

Variables	All patients (n = 96)
Age (years)	68 ± 12
Male gender, n (%)	62 (64.6)
Body mass index (kg/m ²)	22.6 ± 3.6
Duration of hospital stay (days)	36 (23, 69)
Hospitalization cause, n (%)	
Medical admission	67 (69.8)
Surgical admission	29 (30.2)
Hospitalization of ICU, n (%)	69 (71.9 [°])
Duration of ICU stay (days)	12 (0, 33)
Patient death, n (%)	37 (38.5)
Recovery period of AKI (days)	12 (6, 27)
Comorbidities, n (%)	(0,)
Hypertension	41(42.7)
Diabetes mellitus	30 (31.3)
Cardiovascular disease	21 (21.9)
Malignancy	18 (18.8)
Others	37 (38.5)
	57 (50.5)
Infection type at colistin use, n (%) Pneumonia	56 (59.2)
	56 (58.3)
Urinary tract infection	23 (24.0)
Catheter-related infection	5 (5.2)
Surgical wound infection	7 (7.3)
Bacteremia	9 (9.4)
Others	11 (11.5)
KDIGO stage, n (%)	
	13 (13.4)
	20 (20.6)
	38 (39.2)
APACHE II score	22.7 ± 5.9
Vasopressor, n (%)	56 (58.3)
Mechanical ventilator, n (%)	56 (58.3)
CRRT, n (%)	8 (8.3)
Colistin dose	
Daily dose (mg)	293 ± 98
Cumulative dose (mg)	3,066 ± 2,138
Microorganism at culture, n (%)	
Acinetobacter baumannii	70 (72.9)
	26 (27.1)
Pseudomonas aeruginosa	
Combined nephrotoxic drugs, n (%)	
Vancomycin	52 (54.2)
Aminoglycoside	6 (6.3)
NSAID	21 (21.6)
Diuretics	27 (27.8)
Radiocontrast	19 (19.6)

Vancomycin	36 (55.4)	16 (51.6)	0.827
Aminoglycoside	3 (4.6)	3 (9.7)	0.384
NSAID	14 (21.5)	7 (22.6)	1.000
Diuretics	20 (30.8)	7 (22.6)	0.473
Radiocontrast	16 (24.6)	3 (9.7)	0.105

Values are expressed as means ± SDs, n (%). ICU = intensive care unit, CRRT = continuous renal replacement therapy, NSAID = non-steroidal anti-inflammatory drug

Table 3. Factors associated with the occurrence of acute kidney injury

Variables	Univariate			Multivariate		
	Exp (β)	95% C.I.	Р	Exp (β)	95% C.I.	Р
Age	1.006	0.970-1.042	0.760			
Male gender	2.270	0.937-5.495	0.069	2.328	0.844-6.421	0.103
Body mass index	1.088	0.961-1.232	0.181			
Duration of hospitalization	1.026	1.006-1.046	0.009	1.021	1.001-1.040	0.036
Hypertension	1.275	0.533-3.052	0.585			
Diabetes mellitus	1.471	0.566-3.821	0.428			
Cardiovascular disease	0.553	0.204-1.500	0.245			
Malignancy	4.735	1.015-22.086	0.048	5.594	1.149-27.224	0.033
Pneumonia	1.235	0.521-2.931	0.632			
Urinary tract infection	0.671	0.253-1.779	0.423			
Bacteremia	1.750	0.342-8.963	0.502			
Vasopressor	2.217	0.928-5.299	0.073			
Mechanical ventilator	1.500	0.642-3.558	0.357			
Colistin daily dose	1.001	0.996-1.006	0.589			
Colistin cumulative dose	1.000	1.000-1.001	0.043	1.000	1.000-1.001	0.081
Vancomycin	1.164	0.494-2.743	0.729			

Values are expressed as means ± SDs, n (%). ICU = intensive care unit, CRRT = continuous renal replacement therapy, NSAID = non-steroidal anti-inflammatory drug

CONCLUSIONS

The incidence of AKI was higher when the cumulative dose of colistin was higher or hospital stay was longer. We should pay attention to the appropriate dose of colistin and the risk factors of AKI for prevention of colistin-induced AKI.

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DOI: 10.3252/pso.eu.54ERA.2017



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