

SEVERITY OF ACUTE KIDNEY INJURY DEPENDS ON THE DIAGNOSTIC CRITERIA USED IN CRITICALLY III BURNED PATIENTS

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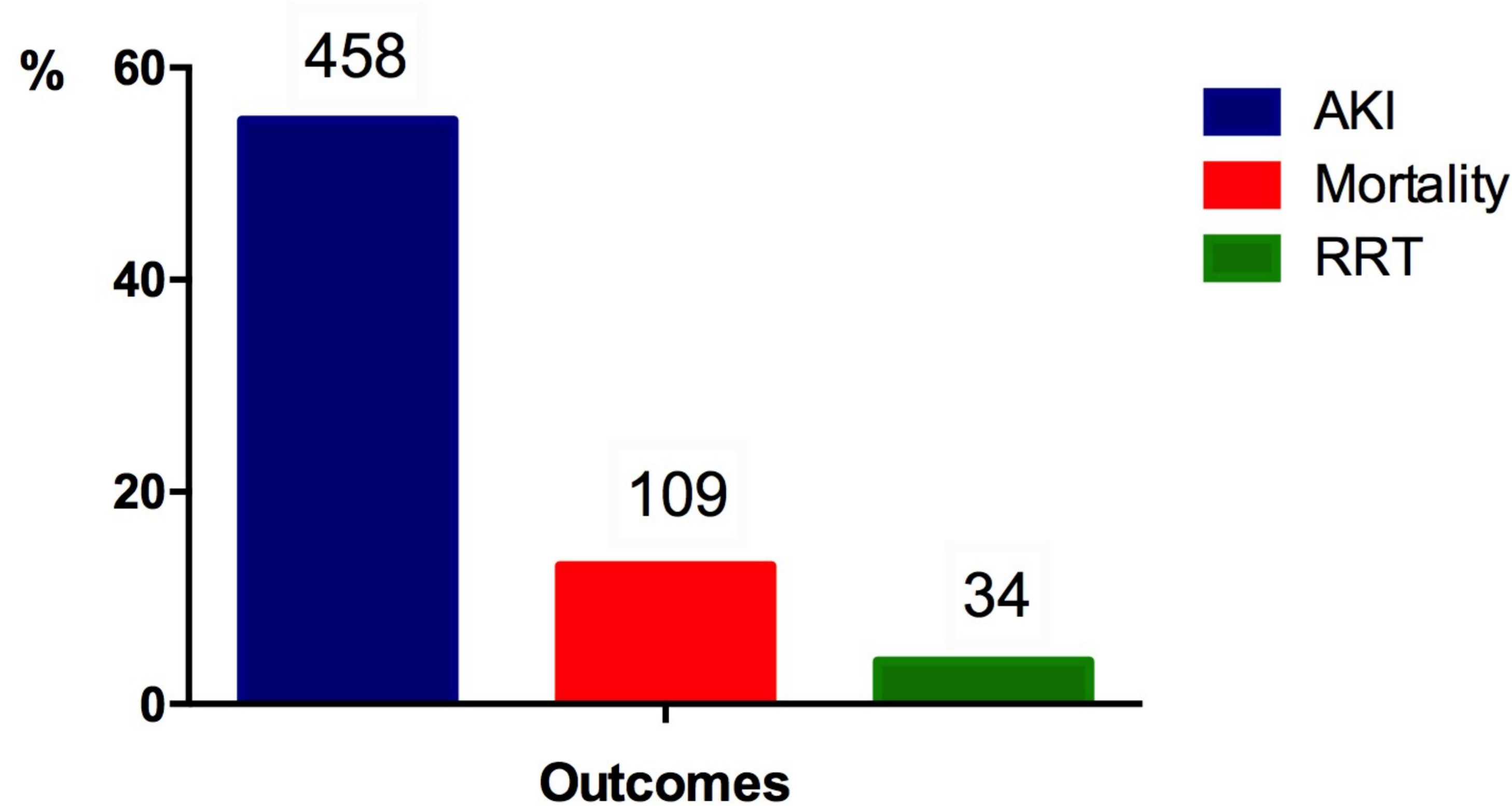
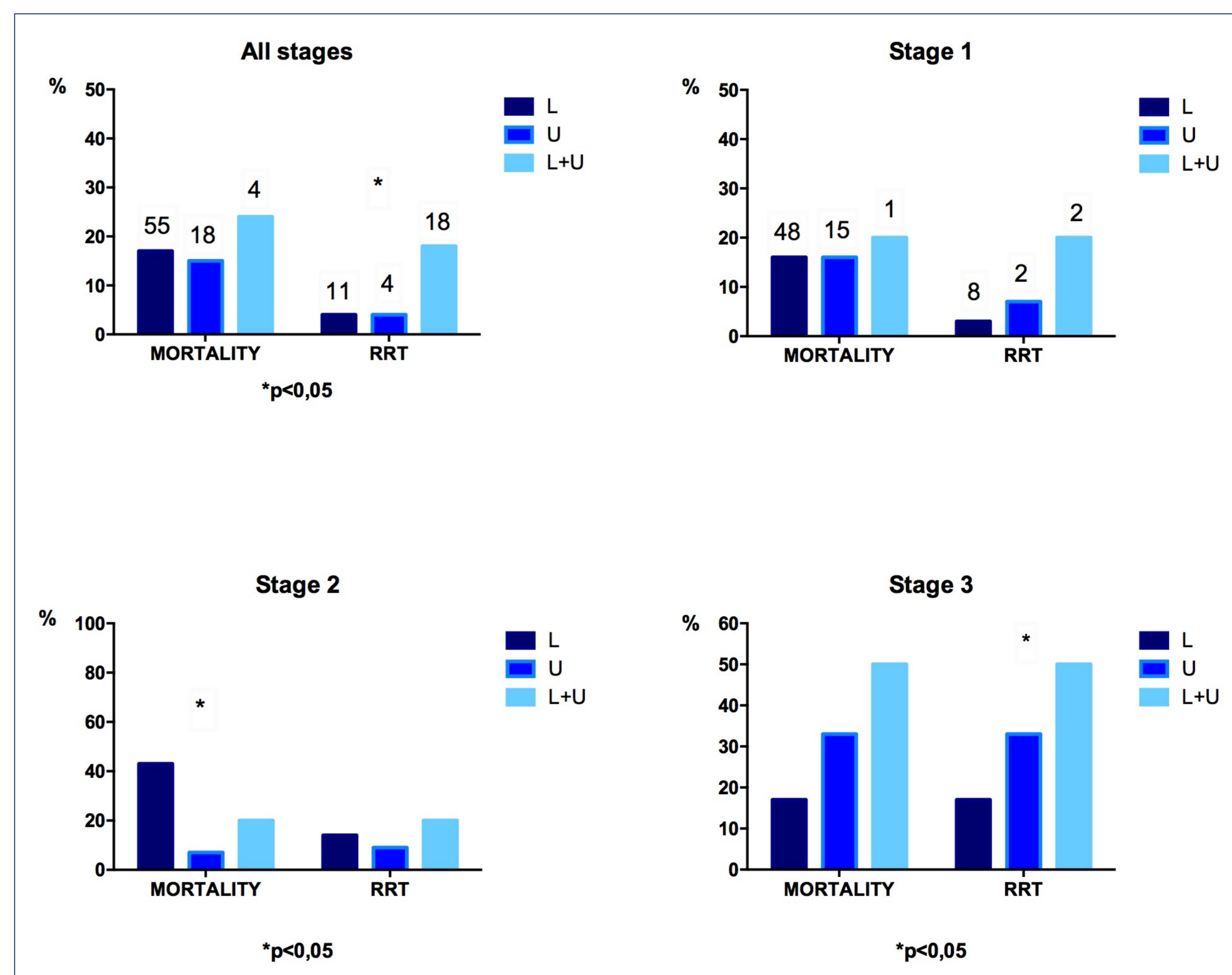
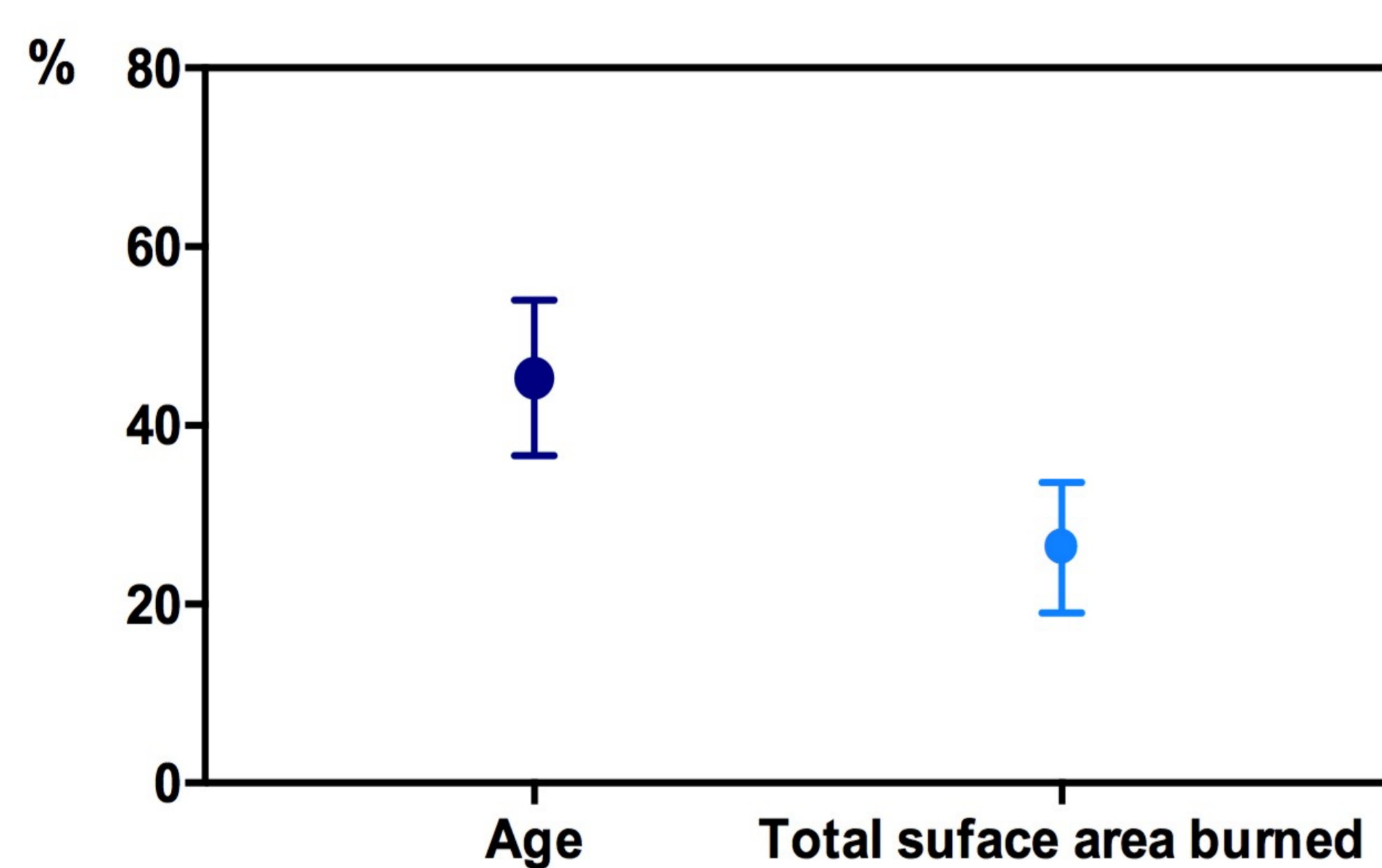
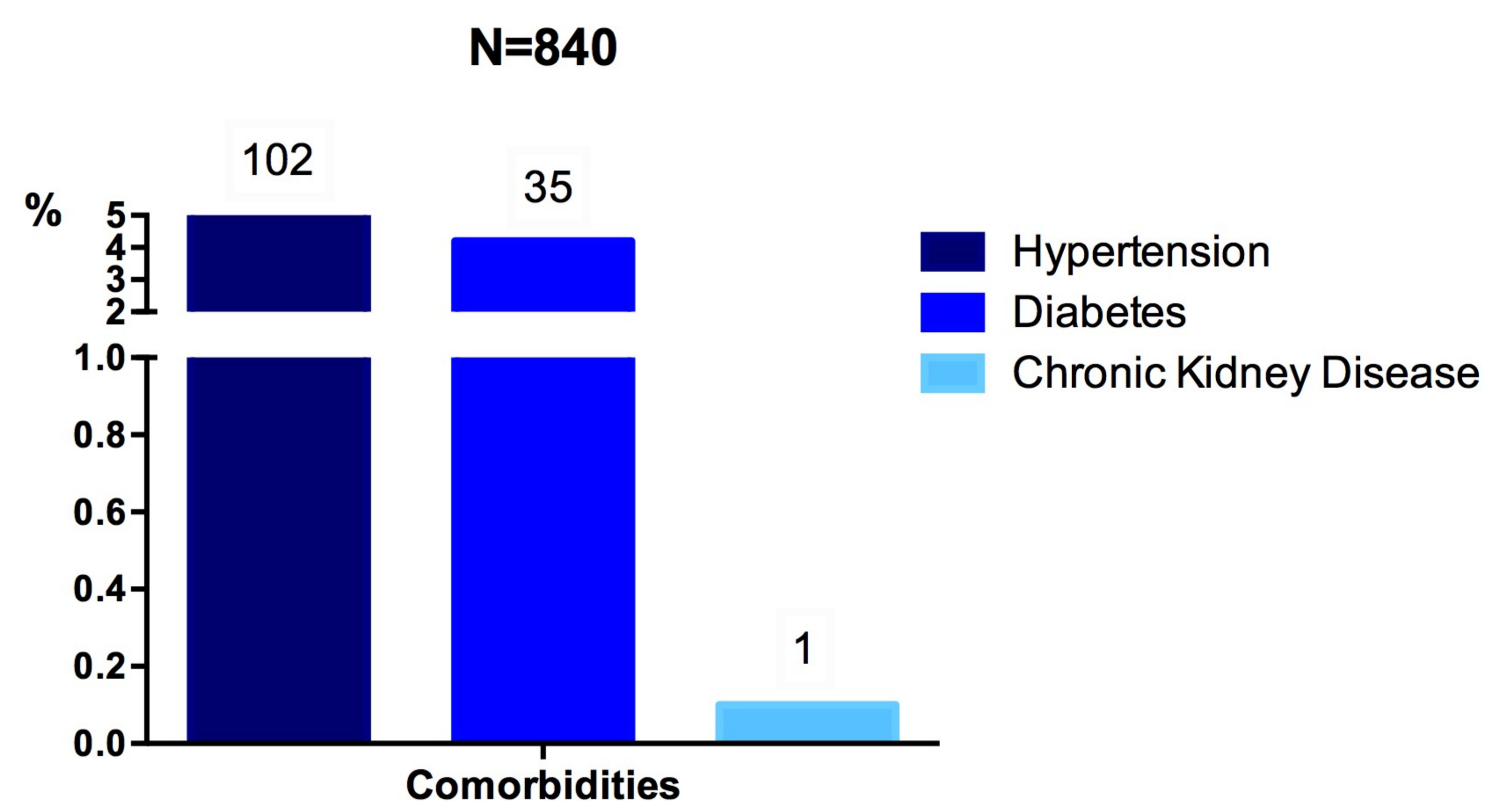
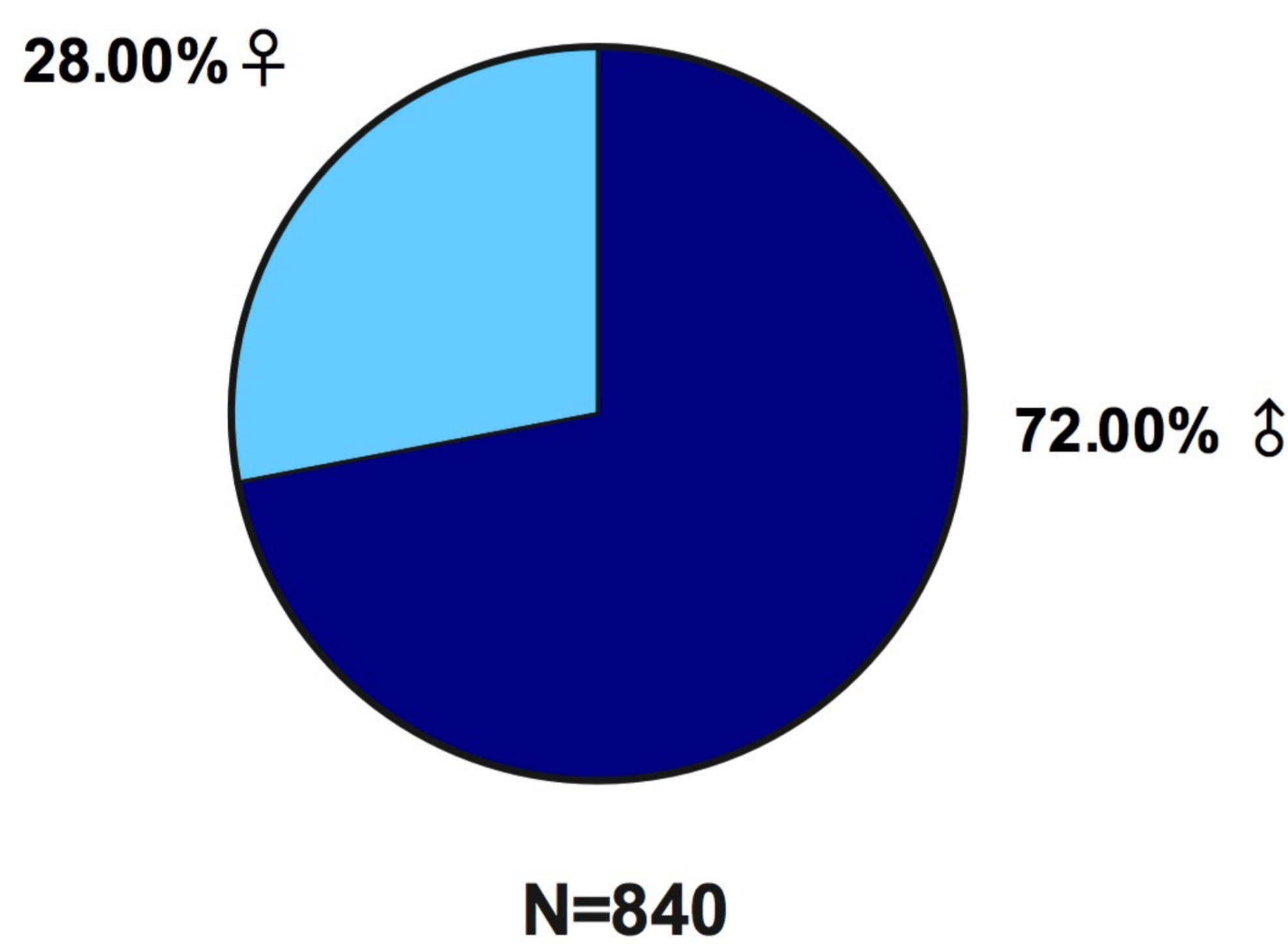
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INTRODUCTION AND AIMS: Acute Kidney injury (AKI) is a common and serious complication in burned patients. Recent studies have shown an increase in the incidence of AKI in burn patients. The definition of AKI has been evolving for several years. The latest classification proposed by the Kidney Disease: Improving Global Outcomes (KDIGO) had the aim of unifying the definition of AKI. Following this definition, AKI is diagnosed according to a laboratory criterion (relative changes in serum creatinine [SCr]) and a urine output (UO) criterion. Patients are classified into three different stages. The aim of our study was to investigate the relationship between the criteria used for the diagnosis (laboratory [L], UO [U] or both [L+U]), and different outcomes (Intensive Care Burn Unit [ICBU] mortality and requirement of renal replacement).

MATERIAL AND METHODS: We performed a retrospective analysis of patients admitted to the ICBU of our hospital from 1992 to 2012 (n=1541). We included patients with length of UCBU stay ≥ 3 days. We assessed patients for the presence of AKI (KDIGO criteria) for the first 7 days of ICBU admission. We compared the relationship between each stage and different outcomes (mortality and RRT) depending on the criteria used for the diagnosis of AKI (L, U or L+U). Use of RRT was omitted from the definition of stage III AKI. Patients We used the Chi square test. Data are percent or median and interquartile range. p values indicate the significance of the difference between the three criteria (L, U, L+U).

RESULTS:



CONCLUSIONS: KDIGO defines three stages of AKI of different severity. However, outcomes differ within each stage depending on the criterion met (laboratory versus urine output).