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Causes of Acute Renal Failure

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The cause of ARF is variable and the prognosis is very different according to the various causes or treatment modalities. We studied preciptating factors, causes, and death rate of ARF.

Materials and Methods ; We reviewed the medical records of ARF cases treated retrospectively from May, 1990 to Dec., 1994.

Results ; 1. The prevalence in male was more common than in female(M:F=2.4:1) and the larger age group was those over 60 years old as 56 cases(42.4%). 2. Prerenal cause, the most frequent as 94 cases(71.8%), and renal cause was seen in 25 cases(19.1%), and postrenal cause in 12 cases(9.1%). 3. Among the cases of prerenal causes, hypovolemia was the most frequent, 52 cases(55.3%), and decreased effective plasma volume was seen in 28 cases(29.8%), decreased cardiac output in 13 cases(13.8%), and renovascular obstruction in a case(1.1%). 4. Causes of hypovolemia(52 cases) were dehydration in 20 cases(38.5%), hypoalbuminemia in 11 cases(21.2%), trauma in 9 cases(17.3%), and surgery in 6 cases(11.5%). 5. Sepsis was most frequent cause of decreased effective plasma volume as 23 cases(82.1%), and hepatobiliary tract infection seen in 7 cases(30%), and respiratory system infection in 6 cases(26%). 6. Renal causes(25 cases) could be seen in 8 cases(32%) of toxic nephropathy, and 7 cases(28%) of pigment nephropathy. 7. Stone was most frequent among postrenal cause, 6(50%) out of total 12 cases. 8. The patients with underlying diabetes mellitus(DM) were 16(12.2%) cases in the prerenal ARF group, and those with preexisting hypertension(HTN) was 9(6.95%) cases. 9. The overall death rate was 43.5%(57 cases) and that of those with prerenal causes were 46%, renal causes 44%, and postrenal causes 25%. Death rate was higher in cases with cardiovascular diseases and sepsis, as 69.2%(9/13 cases) and 43.5%(10/23 cases), respectively.

Conclusion ; Prerenal ARF was most frequent and the overall death rate was high in spite of the use of dialysis as popular management recently. We concluded that old age, DM, and HT comprised the important predisposing factor and thus patients with these conditions should be watched with attention to prevent the relatively frequent development of ARF.

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급성췌장염에 동반된 급성신부전의 양상

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급성신부전증은 급성췌장염에 동반되는 합병증으로 급성췌장염에서의 급성신부전의 발생과 예후에 영향을 주는 인자들로는 연령과, 기존의 만성질환, 전신감염, 다장기부전등으로 알려져 있으며 사망률은 급성췌장염의 전체사망률에 비해 매우 높은 것으로 보고되고있다. 이에 저자들은 급성췌장염에 합병된 급성신부전의 임상양상을 파악하기 위해 86년 1월부터 94년 12월까지 인하대학병원에 급성췌장염으로 입원한 환자들중 급성신부전이 동반되었던 환자들을 대상으로 발생빈도와 임상소견, 합병증을 분석하였다.

1) 급성췌장염 환자 총 305명중 급성신부전은 20명(6.6%)에서 발생되었으며 이중 남자 17명, 여자 3명으로 남녀비는 5.7대 1이며 평균연령은 43.3세이고 30대와 40대가 각각 7명, 4명으로 55%을 차지한다.

2) 신부전 환자의 평균 최고 Amylase와 Lipase는 458.7U/dl, 1676.6U/dl이었으며 BUN과 Creatinine는 각각 66.2mg/dl, 4.4mg/dl였고, 혈중 LDH는 15명(88.2%)에서 증가되었으며 AST의 증가와 알부민치의 감소는 13명(76.5%)과 12명(64.7%)에서 볼 수 있었고 고요산혈증과 저칼슘혈증도 11명(64.7%)과 7명(41.2%)에서 관찰되었다.

3) 합병증으로는 쇽과 폐합병증이 각각 7명이었으며 위장관 출혈이 3명, 범발성 혈관내응고증이 1명이었고 복수와 가성낭종이 8명과 1명에서 발생되었다.

4) 17명중 11명(64.7%)은 보존적 치료를 받았고 6명(35.3%)에서는 복막투석이 시행되었으며 보존적 치료를 받고 회복된 8명의 평균 신부전의 기간은 5.9일이며 평균 입원기간은 23.6일인데 비해서 복막투석 치료를 받고 회복된 5명의 평균 신부전 기간과 입원기간은 각각 7.4일과 16.2일이었다.

5) 13명(76.5%)은 치료후 신기능이 완전 회복되었고 4명이 사망하여 23.3%의 사망율을 나타냈다.