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지속적 신대체 요법이 필요한 비-말기 신부전 환자와 유지혈액투석 환자의 임상결과 비교

고신의대 내과

신호식, 김성빈, 박진희, 조후선, 정연순, 임 학

Outcome Among Patients (End Stage Renal Disease (ESRD) Under Hemodialysis and Non-ESRD with Acute Renal Failure) Needing Continuous Renal Replacement Therapy: A Single Center Study

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Purpose: Outcome of acute renal failure (ARF) and use of continuous renal replacement therapy (CRRT) have shown a consistently high mortality. (1) Evaluate the short-term patient survival. (2) Compare survival of conventional hemodialysis (HD) patients with survival of non end stage renal disease (ESRD) patients.

Methods: We identified adults (>18 years) needing CRRT, treated in the intensive care units of Kosin University Gospel Hospital from January 1, 2008 till November 30, 2010. A total of 100 (ESRD 24/non-ESRD 76) patients received CRRT during study period. Patients were divided into two major groups needing CRRT, end stage renal disease (ESRD) (chronic dialysis) and non-ESRD with ARF. Comparison was done for noncontinuous variables by chi-square and t test for categorical and continuous variables, respectively. Predictors for all-cause death were examined using Kaplan-Meier analysis and Cox proportional analyses in both treatment groups. Statistical analysis was performed using the Statistical Package for the Social Sciences (SPSS) version 18.0.

Results: In all patients, median survial time is 108 day and 90 days survival rate is 51.8%. Over all in-hospital survival rate among non-ESRD patients was 43.4% vs. 58.3% for ESRD. In Non-ESRD patient, median survival time is 101 days and survival rate at 90 days is 48.1%. In ESRD patient, median survival time is 123 days and survival rate at 90 days is 60.2%. Multivariate Cox proportional hazards analyses demonstrated that conventional HD was not a significant predictor for mortality [hazard ratio (HR) 0.334, 95% confidence interval (CI) 0.063-0.1.763, p=0.196], after adjustment for age, gender, presence of sepsis, APACHE score, use of vasoactive drugs, number of organ failures, ultrafiltration rate and arterial pH.

Conclusion: Survival rate between non-ESRD and ESRD patients needing CRRT was not different and conventional HD was not a significant predictor for mortality.

Key Words: 말기신부전, 급성신부전, 지속적신대체요법
ESRD, ARF, CRRT