

진행성 패혈성 급성신부전 환자에서 이른 지속적신대체 요법은 생존률을 향상시킨다

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Early Initiation of Continuous Renal Replacement Therapy Improves Patient Survival in Severe Progressive Septic Acute Kidney Injury

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Background: A number of previous studies have suggested that early initiation of continuous renal replacement therapy (CRRT) has a favorable outcome in critically ill patients. However, the definition of 'early' in terms of CRRT initiation has not been uniformly used. Therefore, we tried to elucidate whether the timing of CRRT application, based on the interval between the start time of vasopressors infusion and CRRT initiation, was an independent predictor of mortality in the patients with septic acute kidney injury (AKI).

Methods and Results: A total of 210 patients, who received CRRT for septic AKI between 2009 and 2011 were collected, and divided into two groups based on the median interval between the start time of vasopressors infusion and CRRT initiation. During the study period, 156 patients (74.3%) died within 28 days of CRRT application. The interval between the start time of vasopressors infusion and CRRT initiation was significantly shorter in the survivor compared to the death group ($p < 0.001$). Moreover, 28-day overall mortality rates in the early CRRT group were significantly lower than those in the late CRRT group ($p = 0.034$). Furthermore, early CRRT treatment was independently associated with a lower mortality rate even after adjustment for age, gender, causative organisms, and infection sites ($p = 0.032$).

Conclusion: Early initiation of CRRT may be beneficial in severe progressive sepsis patients, in whom the requirement dose of vasopressors is increasing, irrespective of the pathogens.

Key Words: 급성신부전, 시기, 지속적신대체 요법
Acute kidney injury, Timing, CRRT