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중환자실에 입원한 암환자와 비암환자에서 지속적신대체요법이 필요한 급성신손상의 임상결과

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Outcomes of Acute Kidney Injury Patients with and without Cancer Requiring Continuous Renal Replacement Therapy and Admitted to Intensive Care Units

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Background: Few studies have examined cancer patients with acute kidney injury (AKI) who require continuous renal replacement therapy (CRRT). The aim of this study was to compare the characteristics and outcomes of patients with and without cancer requiring CRRT for AKI in general ICUs.

Methods: We conducted a retrospective cohort study in an ICU in a South Korean tertiary care hospital. A total of 200 consecutive patients (without cancer 79%; with cancer 21%) were included over a 48 month period. Logistic regression was used to identify factors associated with hospital mortality.

Results: The main contributing factors of AKI were sepsis (38%) and cardiac dysfunction (40%). AKI was multifactorial in 78% of cancer patients and in 71% of patients without cancer. Hospital mortality rates were higher in patients with cancer (69%) than in patients without cancer (49.4%) (p=0.023). In multivariate analyses, older age, medical admission, poor chronic health status, comorbidities, ICU days until RRT start, number of associated organ dysfunctions, and diagnosis of cancer were associated with hospital mortality. The diagnosis of cancer was independently associated with mortality [odds ratio=1.68 (95% confidence interval, 1.10–2.59), p=0.017].

Conclusions: In general ICUs, one in five patients requiring CRRT has cancer. The presence of cancer was independently associated with mortality in the our retrospective cohort.

Key Words: 급성 신손상, 암, 지속적 신대체 요법
Acute kidney injury, Cancer, Continuous renal replacement ther

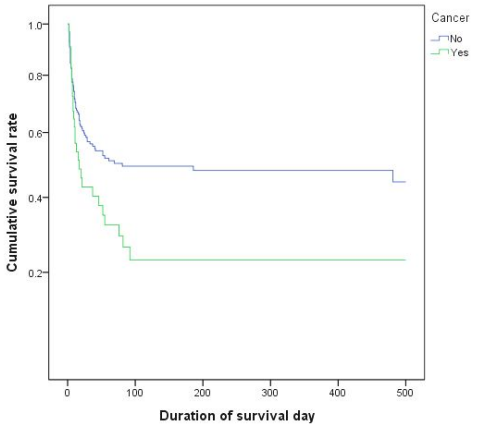


Fig. Patient survival rate in cancer group and non-cancer group.