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암상태가 조절되는 환자와 조절되지 않는 환자에서 발생한 급성신손상의 임상결과

고신대학교 의과대학 내과학교실

이원형, 김예나, 구상건, 신호식, 정연순, 임학

Outcomes of Acute Kidney Injury Patients with Controlled and Uncontrolled Cancer

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Background: Few studies have examined the characteristics and outcomes of acute kidney injury (AKI) patients with controlled and uncontrolled cancer.

Methods: We conducted a retrospective cohort study in a South Korean tertiary care hospital. "Uncontrolled cancer status" is defined as newly diagnosed, recurrent, or progressive cancer status. A total of 851 consecutive patients (controlled cancer patients, 31.7%; uncontrolled cancer patients, 68.3%) were included in this study. Predictors of all-cause death were examined using the Kaplan-Meier method and the Cox proportional hazards model.

Results: The main factors responsible for AKI were sepsis (28.4%) and ischemia (31.6%). Hospital mortality rates were higher in patients with uncontrolled cancer (47.6%) than in patients with controlled cancer (4%) (p=0.001). In multivariate analyses, uncontrolled cancer status and the use of vasoconstrictors were associated with hospital mortality. Uncontrolled cancer status was found to be independently associated with mortality (odds ratio=2.260 [95% confidence interval, 1.537-3.325], p=0.001). Kaplan-Meier analysis revealed that uncontrolled cancer patients (n=270) had lower survival rates than controlled cancer patients (n=581) (log rank test, p=0.001).

Conclusions: Uncontrolled cancer status and use of vasoconstrictors were independently associated with mortality in AKI patients with both controlled and uncontrolled cancer.

Key Words: 급성신손상, 암, 혈관수축제
Acute Kidney Injury, Cancer, Vasoconstrictor

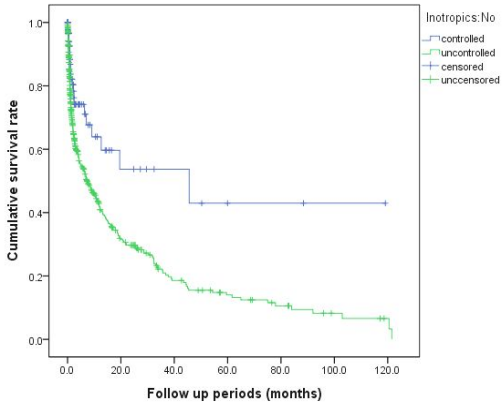

Fig. 1. Survival curve of controlled and uncontrolled cancer patients with AKI (without vasoconstrictor).

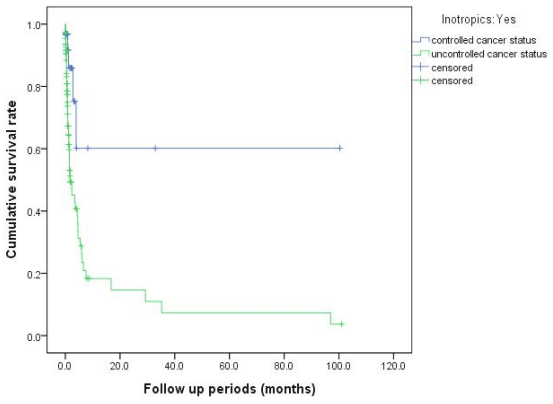

Fig. 2. Survival curve in controlled and uncontrolled cancer patients with AKI (with vasoconstrictor).