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급성신손상환자에서 고유량 복막투석과 연장매일혈액투석에 대한 체계적 고찰

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High Volume Peritoneal Dialysis Versus Extended Daily Hemodialysis for Acute Kidney Injury Patients: Systematic Review

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Background: The role of high volume peritoneal dialysis (HVPD) in the management of AKI is not well defined, although it remains frequently used, especially in low-resource settings. A systematic review was performed to compare high volume peritoneal dialysis with extended daily hemodialysis in AKI patients.

Design, setting, participants, & measurements: MEDLINE, Embase, and Cochrane Central were searched in October of 2013. Eligible studies selected were randomized adult population studies on high volume peritoneal dialysis and extended daily hemodialysis in the setting of AKI. The primary outcome of interest was all-cause mortality. Summary estimates of risk diffenence were obtained using a random effects model.

Results: Of 2125 citations, 2 studies (n=263 patients) were identified. The overall methodological quality was moderate. In 2 studies (2 randomized trials), patients received high volume peritoneal dialysis (n=142, pooled mortality= 61.2%) or extended daily hemodialysis (n=121, pooled mortality=58.6%). There was also no difference in mortality (risk difference, 0.02; 95% confidence interval, -0.10 to 0.14); and, homogeneity was significant (I2=0%, p=0.65).

Conclusions: This study showed no evidence of survival or recovery of renal function benefit of EHD compared with HVPD.

Key Words: 고유량 복막투석, 연장매일혈액투석, 급성신손상
HVPD, EHD, AKI

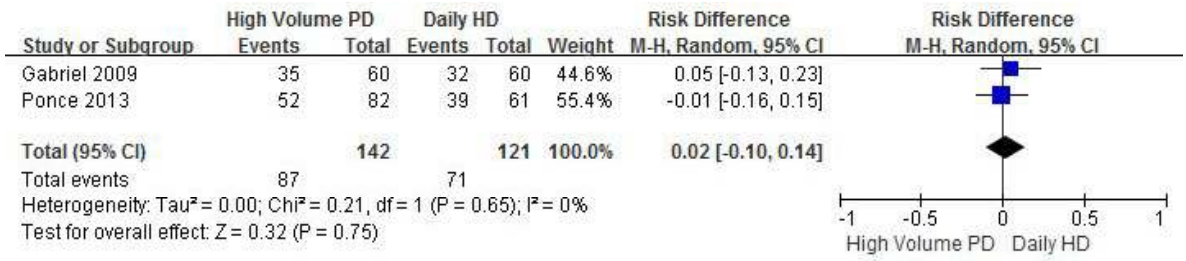

Fig. 1. Effect of renal replacement therapy modality on mortality in patients with AKI grouped by study design.