

암이 신대체요법 시행중인 급성신손상 환자의 생존에 미치는 영향

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Impact of Cancer on Survival of Patients with AKI on CRRT

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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 intensive care units (ICUs).

Methods: We studied a retrospective cohort study in an ICU. A total of 200 patients (without cancer 79%; with cancer 21%) were included over a 24 month period. Predictors of all-cause death were examined using Kaplan-Meier and Cox proportional hazards analyses in both treatment groups for statistical analysis.

Results: The 1st contributing factors of AKI was cardiac dysfunction (40%) and 2nd factors was sepsis (38%). The cause of 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: The presence of cancer may be independently associated with mortality in our study.

Key Words: 급성신손상, 암, 지속적신대체요법

Acute kidney injury, Cancer, Continuous renal replacement therapy