P-2

지속적 신대체요법을 시행받은 급성 신손상 환자에서 신기능 회복의 예측 인자로서의 무뇨 기간

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권유진, 정희연, 최지영, 박선희, 김찬덕, 김용림, 조장희

Duration of Anuria Predicts Recovery of Renal Function after Acute Kidney Injury Requiring Continuous Renal Replacement Therapy

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Aims: Little is known regarding the incidence rate of and factors associated with developing chronic kidney disease after continuous renal replacement therapy (CRRT) in acute kidney injury (AKI) patients. We investigated renal outcomes and the factors associated with incomplete renal recovery in AKI patients who received CRRT.

Methods: Between January 2011 and November 2013, 408 patients received CRRT in our intensive care unit. Of these, patients who had normal renal function before AKI and were discharged without maintenance renal replacement therapy (RRT) were included in this study. We examined the incidence of incomplete renal recovery with an estimated glomerular filtration rate<60 mL/min/1.73m^2 and factors that increased the risk of incomplete renal recovery after AKI.

Results: Fifty-six AKI patients were discharged without further RRT and followed for a mean of 8 months. Incomplete recovery of renal function was observed in 23 (41.1%) of the patients. Multivariate analysis revealed old age and long duration of anuria as independent risk factors for incomplete renal recovery (odds ratio [OR]=1.169, 95% confidence interval [CI] 1.044-1.308, p=0.007 and OR=1.012, 95% CI 1.001-1.032, p=0.037, respectively). In a receiver operating characteristic curve analysis, a cutoff anuria duration of 24 hours could predict incomplete renal recovery after AKI with a sensitivity of 82.6% and a specificity of 69.7%.

Conclusion: The renal outcome of severe AKI requiring CRRT was poor even in patients without further RRT. Long-term monitoring of renal function is needed, especially in severe AKI patients who are older and have a long duration of anuria.

Key Words: 급성신부전, 무뇨, 지속적 신대체요법
Acute kidney injury, Anuria, CRRT