

급성신부전에서의 시행한 복막투석 치료

성균관의대 삼성창원병원 내과

조성, 김성록, 이유지, 권윤재

Experiences of Acute Peritoneal Dialysis in Acute Renal Failure

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Purpose: In the developed countries, hemodialysis (HD) or continuous renal replacement treatment were common renal replacement method for acute renal failure (ARF), in contrast, peritoneal dialysis (PD) was rarely used modality. In such situations, we analyzed the outcomes of PD for treatment of ARF in our hospital.

Methods: We analyzed 72 consecutive patients who were admitted to the intensive care unit from 2005 to 2014 on impression of ARF and required PD for worsening renal failure. The primary outcome was in-hospital mortality. Secondary outcomes included technical success of PD.

Results: Etiologies of ARF were cardiorenal syndrome type 2 (31), hepatic failure (11), septic shock (8), acute necrotizing pancreatitis (7), maintenance HD patients (4), refractory metabolic acidosis (4). Hospital survival of patients was 47.2% (34/72). In univariate variable analysis, hepatic failure, sepsis, metabolic acidosis as a etiology were significant factor associated with death but heart failure, pancreatitis, maintenance HD were not associated with. In multivariable analysis, SAPS 2 score was only significant factor associated with mortality. Technically PD was well performed except for 1 case of Inflow problem, 1 case of outflow problem, 5 cases of pericatheter leaks.

Conclusion: PD was selected for severe desperate patients, therefore, had a high mortality rate in contrast to high technical success rates. In some condition such as heart failure, PD has more rewarding outcomes but in conditions of hepatic failure, sepsis, had a effortless outcomes.

Key Words: 복막투석, 급성신부전, 생존율

Peritoneal dialysis, Acute renal failure, Survival