

## KSN 2017 Abstract

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### Clinical characteristics of sepsis patients who were treated with continuous renal replacement therapy

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**Objectives** : Soluble inflammatory mediators are known to exacerbate sepsis-induced acute kidney injury (AKI). Despite the frequent use of continuous renal replacement therapy (CRRT) in the management of sepsis-induced AKI, predictor of mortality remain unclear.

**Methods** : We enrolled 340 patients who were treated with CRRT due to sepsis at the Presbyterian Medical Center intensive care unit from 2010 to 2016 in the study. We divided these patients into two groups (survivors vs non-survivors) according to 28-day all-cause mortality, compared their clinical characteristics, and analyzed the predictors of survival.

**Results** : The study included 214 men and 126 women, with a mean age of 67 years (range, 21–92 years). When clinical characteristics of survivors (n=212) and non-survivors (n=128) were compared, no differences were identified, with the exception of age, albumin, platelet count, red blood cell distribution width (RDW), and APACHE II score. Survivors were younger ( $64 \pm 14$  vs  $69 \pm 12$  year,  $P=0.001$ ) and had high serum albumin concentration ( $3.09 \pm 0.70$  vs  $2.82 \pm 0.67$ ,  $p<0.01$ ) than non-survivors. However, survivors had low RDW ( $14.99 \pm 2.1$  vs  $16.17 \pm 3.3$ ,  $p<0.01$ ) and low APACHE II score ( $24.57 \pm 5.89$  vs  $26.92 \pm 5.76$ ,  $p<0.01$ ) than non-survivors. In multivariate logistic regression analysis, age, RDW and APACHE II score were assessed as prognostic factors to predict 28-day all-cause mortality in sepsis patient who needed CRRT.

**Conclusions** : Age, RDW and APACHE II score could be predictors for 28-day all-cause mortality in sepsis patient with CRRT.

**Keywords** : continuous renal replacement therapy, sepsis, acute kidney injury, mortality