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Acute Kidney Injury due to Increased Intra-abdominal Pressure

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Case Study: Acute kidney injury (AKI) caused by increased intra-abdominal pressure is one of the predictor for morbidity and mortality in critically ill patients.
We report a case of AKI in a 37 year old man. He was admitted to the emergency room due to dizziness and abdominal discomfort after a car accident the day before. His blood pressure was 99/69 mmHg, pulse rate 91/min, hemoglobin 10.1g/dL, blood urea nitrogen (BUN) 39.8mg/dL and creatinine 5.2mg/dL. Despite adequate normal saline hydration treatment over 12 hours, his serum BUN, creatinine level was increased and anemia was developed. Abdominal tenderness was observed. Abdominal contrast enhanced computed tomography showed hemoperitoneum, spleen contusion and laceration. Embolization of splenic artery, percutaneous catheter drainage (PCD) insertion was done and 1350 cc blood was drained during first day. The day after PCD insertion, his serum BUN and creatinine level was markedly decreased to 27.2/1.35mg/dL. One week later, PCD was removed and he was discharged.
Although there was no massive bleeding, AKI as improved rapidly after drainage of hemoperitoneum. This might be due to decompression of the intra-abdominal pressure. Recognize the factors associated with increased intra-abdominal pressure and treat these are important for kidney prognosis.