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Cerebro-Renal Syndrome

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Case Study:

PURPOSE OF THE STUDY:

The Concept of "Organ Cross Talk"-Bidirectional interaction between kidney and other organs has led to the emergence of Newer Syndromes like Hepato-Renal, Cardio-Renal, Pulmonary Renal Syndrome etc...

But the term "Cerebro-Renal Syndrome" coined by Kjellstrand in 1981, has not caught the attention of fellow nephrologists till now.

This paper aims to revive interest in this Topic

MATERIALS AND METHODS

Acute Kidney Injury following Neurovascular syndrome, Traumatic-Brain Injury and Infections, during 2015 in a large Corporate Hospital were studied. The various special features were analyzed

RESULTS

Total Cases	481	
Male	384	79%
Female	105	21%

TYPE OF CASES

Neurovascular Syndrome	217
Traumatic-Brain Injury	258
CNS infections	6

AGE

NVS 20-60 yrs	58.4%
TBI 20-40 yrs	33%

(Young people more involved in Road accidents)

CEREBRORENAL SYNDROME INCIDENCE

Neurovascular Syndrome	86/217	39.6%
Traumatic-Brain Injury	65/258	25%
CNS infections	2/6	33%
Total	153/481	31.6%

AKI TYPE

Mainly Pre-Renal Azotemia

UREA: CREATININE RATIO > 40

NVS	80/92	à86.9%
TBI	50/92	à76.9%
INFECTIONS	65/2	à100%

Normalisation of Values at 1month

NVS	53/75	à70.6%
TBI	55/65	à84.6%
INFECTIONS	2/2	à100%

CONCLUSIONS:

- CRS frequently complicates major CNS events: 31.6%
Our figures are higher than 25% and 17% reported by Elizabeth Moore, Australia 2010 and Minesh khatri, USA, 2014
CRS occurs in same frequency as CardioRenal Syndrome 24-45%

HepatoRenal Syndrome 20-40%

- AKI was of Pre-Renal Azotemia type.
Most cases returned to normal urea/creatinine at 1month-
Showing the temporary and functional nature of this AKI, as is seen HepatoRenal Syndrome

None progressed to ATN needing Dialysis While every other Organ Failure enjoys a privileged name, AKI complicating major CNS events is simply called AKI and it richly deserves the name Cerebro-Renal Syndrome as mooted by Kjellstrand in 1981