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Malaria and AKI: A review of adverse prognostic factors

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Objectives:

In the tropics, malaria and AKI portends a grim prognosis with high mortality and a severe strain on already stretched resources. . We reviewed cases admitted with malaria and AKI, looking into factors accounting for adverse prognosis.

Methods:

All patients presenting to the ER with malaria and AKI were included in the study. Parameters like age, sex, pallor, icterus, urine output, platelet count on admission, Liver function tests, creatinine, serology for malaria, ABG,, initiation on RRT etc were documented. Patients were followed until discharge or death and end points looked at were 1 week and 30 day mortality, and renal function on discharge. Parameters like LFT, renal function and platelet count on discharge were also documented. Thus we looked into the factors which predicted adverse outcomes like non recovery of renal function, 1 week and 30 day mortality in this subsection of patients.

Results:

Total of 60 patients were included in the study. Mean age was 34.3 years with 76% males. Mean APACHE and SOFA scores on admission were 21.49 and 13.53 respectively. .Mean serum creatinine was 4.1 and bilirubin was 9.94. Mann Whitney p test, showed that a platelet count of <29,000, Serum creatinine of >4,Albumin of >2.9, SOFA score of >19 and APACHE score of > 32.1 were significantly predictive of 1 week mortality. Need for ventilation, oliguria on admission, and need for dialysis all were highly predictive of 30 day mortality. Overall 1 week mortality was 15.2%,

Conclusions:

Factors like low platelet count, oliguria, need for dialysis, high APACHE and SOFA scores on admission, need for mechanical ventilation, and low serum albumin portend a grave prognosis in patients with malaria and AKI