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Updates on management of sepsis-associated acute kidney injury

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Sepsis is a common and severe disorder characterized by life-threatening organ dysfunction caused by dysregulated host responses to infection. The kidneys are the target organ frequently damaged in critically ill patients with sepsis, and 15-20% of these patients require acute renal replacement therapy. Sepsis-associated acute kidney injury (S-AKI) is the most important complication in critically ill patients with sepsis because it is closely associated with poor clinical outcomes. S-AKI is correlated with a higher risk of in-hospital death and longer durations in hospital. In addition to adverse short-term outcomes, S-AKI is linked to the later development of chronic kidney disease and end-stage renal disease, and it increases long-term risk of death. Despite its importance, treatment recommendations for S-AKI is not sophisticated to date, only focusing infection control, avoidance of subsequent kidney injury and hemodynamic optimization.

A previous nationwide cohort study in Korea identified that the incidence of sepsis increased from 2007 to 2016 using data from the National Health Insurance Service. Along with the global trend for aging, the incidence of sepsis and S-AKI is likely to continue to increase. In this lecture, updates on management of S-AKI will be reviewed based on the emerging evidences, ranging from diagnosis of S-AKI to new therapeutic candidates.