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CRRT prescription; initiation and dosing

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Sepsis related severe acute kidney injury (AKI) is associated with prolonged hospitalization, progression to chronic kidney disease, increased financial burden, and high mortality rate. Continuous renal replacement therapy (CRRT) is a form of renal replacement therapy which is primarily used in intensive care units. CRRT is characterized by its ability to control volume accurately, gradually correct acid-base and electrolyte, and achieve hemodynamic stability. In addition, its capability to modulate the immune response in septic shock patients also have an impact on the survival rate. However, considering the potential complications associated with RRT, the optimal timing of initiating CRRT in septic shock patients with AKI remains controversial. In addition to its advantage in maintaining hemodynamic stability through slow continuous ultrafiltration, current studies have pro-posed a role in immunomodulation by efficiently removing pro inflammatory cytokines of medium molecular size through convection or adsorption. Because higher CRRT doses are expected to achieve more effective cytokine removal, an increase in CRRT dose may benefit clinical outcomes in patients with sepsis-induced AKI. Therefore, based on this concept, several clinical trials have been performed to confirm better survival rates at higher CRRT doses. However, the effect of CRRT dose on immunomodulation and its clinical impact are not fully elucidated. During this session, the appropriate timing of CRRT initiation and dosage for efficient septic AKI management would be discussed.