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Initial Fluid management affect short term mortality in the patients under chronic dialysis requiring continuous renal replacement therapy

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Objectives: *In most continuous renal replacement therapy (CRRT) studies, end-stage renal disease (ESRD) patients were excluded and the outcomes of patients with ESRD treated with chronic hemodialysis (HD) were scarce. This study evaluated the interrelation of fluid components with mortality in patients with end stage renal disease under chronic hemodialysis requiring continuous renal replacement therapy.*

Methods:

This retrospective observational study conducted with a total of 107 chronic dialysis patients who were treated with CRRT between 2017 and 2019 in the intensive care unit of Ewha Womans University Mokdong Hospital. The amounts of fluid input and output were assessed at 72-h and 7 day from the initiation of CRRT. The study endpoints were 7- and 14-day all-cause mortality.

Results:

The mean patient age was 67.6 ± 11.3 years, and 68 (63.6 %) patients were male. During the follow-up, 7- and 14-day mortalities were observed in 24 (22.4%) and 34 (31.8%) cases. The patients were stratified into two groups (7-day and 14-day survivors vs. non-survivors), and the significant differences was not found in terms of age, sex, comorbidities, and cause of admission. Cumulative input and cumulative output at 72-hour were significantly related to 7-day mortality and cumulative input and output at 7 day were also related to 14-day mortality regardless of cumulative fluid balances at 72-h and 7 day.

Conclusions:

This study emphasized early judicious fluid management affect short term mortality risk in the patient under chronic dialysis requiring continuous renal replacement therapy.