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RENAL PROFILE AND OUTCOME OF PATIENTS WITH POST-OBSTRUCTIVE DIURESIS AT THE UST HOSPITAL: A RETROSPECTIVE STUDY

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Objectives: Post-Obstructive Diuresis (POD) is common among urologic patients, defined as urine production exceeding 200 mL/hour for 2 consecutive hours, or greater than 3L of urine in 24 hours. There is limited data on risk factors of developing POD.

The study aims to identify clinical and renal predictors of developing POD. It also seek to show the outcome of patients diagnosed with POD and its correlation with medical management.

Methods: This is a retrospective study of all patients diagnosed with POD centered in the University of Santo Tomas Hospital in January 2017-December 2018. Renal parameters such as serum creatinine, serum sodium, serum potassium, urea and ionized calcium were analyzed. Urinalysis and arterial blood gases were also noted and correlated.

Results: Among 106 patients with obstruction, 28.32% developed POD after decompression. The mean age is 58.2, and majority are males. Patients with POD have significantly longer days of obstruction (14 days, $p=0.049$). Overweight patients comprise significantly larger proportion of patients with POD ($p= <0.001$). Those with elevated baseline serum creatinine (average of 1.93), and low eGFR (average of 35.6) have significantly higher risk of POD ($p=0.004$). Serum sodium levels were higher among patients with POD (140, $p=0.008$). Renal predictors identified include obstruction from prostate cancer ($p=0.011$), longer duration of obstruction ($p=0.042$), low eGFR ($p=0.009$), and acute kidney injury ($p=0.004$). Fluid replacement per urine volume did not alter disease course ($p=801$). All patients were discharged improved, but differed significantly with the non-POD group in terms of longer hospital stay.

Conclusions: POD occurs more likely among patients with a baseline acute kidney injury, low level of eGFR, longer duration of obstructions beyond 14 days and those with prostate cancer. Serum sodium and creatinine was higher among patients with POD. POD is associated with prolonged hospital stay but relief of obstruction lead to improvement in renal function.