

# Medical Treatment of Acute Kidney Injury

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Acute kidney injury (AKI) represents the spectrum of disease from subclinical injury to complete organ failure. AKI affects 5–7% of hospitalized patients and up to 30% of patients in intensive-care unit (ICU). Although reported mortality varies between studies depending on AKI definition and the patient population studied, mortality rate of AKI patents remains greater than 50% and exceeds 70% in ICU. Although novel therapeutic approaches need to be formulated to change this AKI, medical conservative treatment also play a pivotal role. Many unanswered questions remain with respect to early identification, prevention, optimal timing, dose, and modality of RRT for AKI. With respect to AKI, the fundamental principle that guides all medical therapy—do no harm—is especially pertinent. AKI most commonly results from multiple insults. Therefore, appropriate and early identification of patients at risk for AKI provides an opportunity to prevent subsequent renal insults and ultimately impact overall morbidity and mortality. Strategies to prevent AKI in these patients are of pivotal importance. Key components of optimal prevention and management of the critically ill patient with AKI include maintenance of renal perfusion and avoidance of nephrotoxins. Although management of AKI remains limited primarily to supportive care, there are many experimental trial of new agent such as anti-inflammatory and radical scavenger etc. In conclusion, recognition of risk factors, excellent supportive care, and avoidance of clinical conditions known to cause or worsen AKI remain the cornerstone of management of AKI.