

조기 급성 신손상의 발생은 콜리스틴 치료를 받은 환자에서 사망률의 위험인자이다

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Early Acute Kidney Injury is a Risk Factor that Predicts Mortality in Patients Treated with Colistin

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Background: The nephrotoxicity of colistin has been reported in the literature. A previous report has shown that acute kidney injury (AKI) occurred after an average of 13.5 days, but we have experienced that AKI developed with colistin administration earlier.

Materials/Methods: We investigated clinical features of patients who developed AKI according to the time of AKI development after colistin use. We retrospectively collected the data of the patients who were admitted to 4 hospitals between January 2007 and May 2009. This study included 119 patients who had received intravenous colistin for over 72 h. We compared the early AKI group (AKI developed within 7 days) with the late AKI group.

Results: A total of 119 patients met the inclusion criteria and were included in this analysis. AKI occurred in 65 patients among the 119 patients (54.6%). There was no difference in the clinical parameters except total bilirubin. AKI occurred in 46 patients within 7 days after colistin treatment and in 19 patients after 7 days. The in-hospital mortality was higher in the early group during colistin treatment [28/46 (60.9%)] than in the late group [5/19 (26.3%)]. Early AKI was associated with a higher mortality (OR: 4.37, 95% CI: 1.34, 14.18).

Conclusion: Our study showed that the incidence of AKI after colistin use is high (54.6%) and the early occurrence of AKI might be fatal. This suggests that careful monitoring of renal function is needed for patients who are taking colistin, and further study is needed to determine the early markers that can predict AKI.

Key Words: 급성신부전, 콜리스틴, 사망률

Acute renal failure, Colistin, Mortality