



Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care

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Risk of Acute Kidney Injury in Salmonella Enteritis Compared to Campylobacter Enteritis: A Retrospective Cohort Study

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Objectives : Campylobacter and Salmonella are leading causes of bacterial gastroenteritis worldwide, yet their comparative impact on acute kidney injury (AKI) remains unexplored.

Methods : We conducted a retrospective cohort study of adults (≥ 18 years) hospitalized with community-acquired bacterial gastroenteritis at a tertiary center in South Korea (2018–2025). Primary outcome was AKI incidence. Multivariable logistic regression assessed associations between pathogen type (Campylobacter, Salmonella, or Others including Escherichia coli or Clostridium difficile) and AKI risk (reference group: Campylobacter). Secondary outcome was long-term kidney outcomes comprising acute kidney disease (AKD), incident chronic kidney disease (CKD), and CKD progression.

Results : Among 232 patients (Campylobacter $n=139$, Salmonella $n=55$, and Others $n=38$), AKI incidence differed significantly across groups (26.6% in Campylobacter, 70.9% in Salmonella, and 31.6% in Others; $P < 0.001$). Nearly half (42%) of Salmonella cases developed moderate-to-severe (stage 2–3) AKI. Salmonella enteritis was independently associated with a higher risk of AKI compared with Campylobacter enteritis (adjusted odds ratio [OR] 3.14, 95% confidence interval [CI] 1.22–8.09). Findings remained consistent using alternative baseline creatinine estimation methods (estimated AKI: adjusted OR 3.68, 95% CI 1.19–11.35). Patients with Salmonella required 46% longer hospitalization (median 8 vs. 5 days, $P < 0.001$). Among patients who recovered from AKI, 17% subsequently developed AKD or CKD during follow-up (median 324 days).

Conclusions : Salmonella enteritis confers substantially higher AKI risk than Campylobacter, supporting pathogen-specific risk stratification and suggesting that patients with Salmonella gastroenteritis warrant enhanced renal monitoring and proper management. Long-term nephrology follow-up may be warranted even after apparent AKI recovery.