THE KOREAN SOCIETY OF NEPHROLOGY
APCN & KSN 2024
June 13(Thu) - 16(Sun), 2024 Coex, Seoul, Korea
APSN
Promoting Sustainable Kidney Health: The Asia-Pacific and Beyond

Abstract Submission No.: A-0676

Prognostic Analysis of Patients with Septic Acute Kidney Injury after Continuous Renal Replacement Therapy Using OXiris Filter

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Objectives : To explore whether the in-hospital mortality of patients with septic acute kidney injury (SAKI) can be improved after continuous renal replacement therapy (CRRT) with oXiris filter.
Methods : A cohort study was conducted.302 SAKI patients treated with CRRT were divided into M150 group (n1=174), oXiris group (n2=61) and combined group (n3=67). The laboratory indexes before and after CRRT and the in-hospital survival curves were compared.
Results : After CRRT treatment, the IL-6 (397.00 [52.18,1555.50] VS 198.10 [39.23,597.20] mmol / L, $P < 0.05$), shock index (0.83 [0.70,1.02] VS 0.79 [0.61,0.99] , $P < 0.05$)and APACHE II score(21.26±7.28 VS 19.22±7.45, $P > 0.05$) of the combined group were lower than before. The mean arterial pressure (MAP) of the three groups was lower than before, but the decrease of MAP in the combined group was smaller than M150 group(− 0.78±20.04 VS − 6.68±22.63 mmHg, $P > 0.05$) and oXiris group(− 0.78±20.04 VS − 1.37±20.39 mmHg, $P > 0.05$). The patients were followed up until discharge after diagnosis of sepsis, the survival rate of the combined group was higher than oXiris group($X^2=3.08$, $P > 0.05$)and M150 group($X^2=3.10$, $P>0.05$). From admission to discharge, the survival rate of the combined group was higher than M150 group($X^2=4.89$,$P < 0.05$) . The in-hospital survival rates of oXiris group and M150 group were similar, $P > 0.05$.
Conclusions : For SAKI patients treated with CRRT, there was no better short-term survival benefit when oXiris or M150 was used alone. However, compared with M150 monotherapy, the combination therapy had better in-hospital survival benefit, which may be achieved by improving hemodynamics, inflammatory response and organ function.