



Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care

KSN SEOUL, KOREA
2026

The 46th Annual Meeting of the Korean Society of Nephrology



Jun 11 (Thu) – 14 (Sun), 2026

COEX, Seoul, Korea

Abstract Type : Poster exhibition

Abstract Submission No.: A-0938

Abstract Topic : Acute Kidney Injury

Successful Treatment of Severe Rhabdomyolysis and Acute Liver Failure-Associated Acute Kidney Injury Using oXiris Hemofilter in a Patient with Liver Cirrhosis

Byung Chul Shin, Youngmin Yoon, Dayung Kang, Hyunlee Kim

Department of Internal Medicine-Nephrology, Chosun University Hospital, Korea, Republic of

Objectives : Severe rhabdomyolysis frequently causes acute kidney injury (AKI). In patients with underlying liver disease, concomitant acute liver failure (ALF) often progresses to multiorgan failure with a poor prognosis. The oXiris hemofilter is known to control systemic inflammation by adsorbing cytokines and endotoxins. This report aims to present the successful recovery of a patient with severe rhabdomyolysis, ALF, and AKI on underlying liver cirrhosis, treated with oXiris continuous renal replacement therapy (CRRT).

Methods : A 52-year-old female with HBV-related liver cirrhosis presented with generalized weakness and hypotension. Initial laboratory tests indicated rhabdomyolysis-induced AKI (creatinine kinase [CK] 13,686 U/L, BUN/Cr 43.6/1.66 mg/dL). Despite massive hydration, her condition deteriorated by hospital day 7 with new-onset ALF (AST/ALT 1581/652 U/L, Total Bilirubin 4.09 mg/dL, INR >2.0) and worsening renal function (BUN/Cr 46.8/2.13 mg/dL). Following the failure of intermittent hemodialysis and continuously rising inflammatory markers (WBC 16k, CRP 13.6 mg/dL) CK 48,012 U/L, she was transferred to the ICU on day 9, where CRRT using the oXiris hemofilter was initiated as a rescue therapy.

Results : After 3 days of oXiris application, the patient's markers dramatically improved: AST/ALT decreased to 79/51 U/L, BUN/Cr to 19/0.92 mg/dL, and CK to 210 U/L. She regained hemodynamic stability and was successfully weaned off CRRT after 5 days of treatment. Following transfer to a general ward, her urine output was well-maintained at >1,500 cc/day with a recovering serum creatinine level of 1.98 mg/dL.

Conclusions : In patients with severe underlying cirrhosis, rhabdomyolysis and ALF-associated AKI carry a high risk of refractory multiorgan failure. This case demonstrates that oXiris-CRRT can be a highly effective rescue therapy, aiding clinical recovery through the removal of inflammatory mediators and metabolic toxins.