

**Abstract Submission No.: A-0648****Acute Kidney Injury Post Renal in Elderly**

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**Case Study :** Acute Kidney Injury (AKI) describes a sudden loss of kidney function determined based on an increase in serum creatinine (SCr) levels or a decrease in urine output for less than 7 days. Prostate obstruction causes obstructive uropathy with prevalence of around 10% of all cases of kidney disease, both acute and chronic, with 5% of them being chronic kidney patients undergoing dialysis. Recovery of renal excretory function in obstructive uropathy was achieved in 56.8% of patients. Case Report. A 80 year old male with urinary retention for 2 days with urine output <100 cc in 24 hours. There were no complaints of hematuria or urinary incontinence. Physical examination of the abdomen showed distension and tenderness in the suprapubic area and a lump was found in the right inguinal area. Laboratory examination SCr level of 10.10 mg/dl, PSA 45.04. Abdominal ultrasound examination with bilateral mild hydronephrosis accompanied by distended urinary bladder, left renal calcification, cystitis, prostate hypertrophy with a volume of 131.3 and IPP grade 3 measuring 2.43 cm, right inguinal hernia, right hydrocele, left epididymal cyst, minimal ascites and thrombus in the right common femoral vein. The patient then had a urinary catheter inserted and the urine output was 1200 cc and SCr control was 5.96 mg/dl. Transurethral Resection of the Prostate (TURP) operation and herniorrhaphy were performed. Prostate biopsy showed benign prostatic hyperplasia and prostatitis. Evaluation of SCr levels after TURP and herniorrhaphy on days 1 and 4 were 1.17 mg/dl and 0.73 mg/dl, respectively. Urine output after TURP and herniorrhaphy day 1 and 4 were 1400 ml/24 hours and 1600 ml/24 hours respectively. The recovery of these patients is associated with the exact duration of obstruction and the time of obstruction release. Early diagnosis and release of obstruction determines recovery of kidney function in AKI post renal patients.