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Outcome of pregnancy associated acute kidney injury requiring hemodialysis: A case series from eastern part of India

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Objectives: Pregnancy associated acute kidney injury (PAKI) still remains a significant cause of morbidity and mortality in India. Post-abortal sepsis is the commonest cause in India. We studied the aetiology of PAKI and outcome of patients surviving PAKI at one year.

Methods: This is a prospective observational study where all cases of PAKI admitted between 1st May 2019 and 30th April, 2020 in department of nephrology at Indira Gandhi Institute of Medical sciences, Patna, India and underwent at least one session of hemodialysis were included.

Results: Out of total 108 cases of dialysis requiring AKI, 26 cases of PAKI were identified during the study period, 21 cases (19.45%) met the inclusion criteria. [Table 1]

Puerperal sepsis was the commonest cause of PAKI seen in nine (42.9%) patients. Both post-abortal sepsis and haemorrhage (ante-partum or post-partum) were responsible for PAKI in 19%.

Preeclampsia and eclampsia were seen in 14.3% cases while hemolytic uremic syndrome was noted in 4.8%.

At discharge, eight patients (38.1%) had died, seven (33.3 %) patients still required dialysis and six (28.6 %) were dialysis independent. [Figure 1]

At the end of follow up period, out of 21 patients only 11 (52.4%) patients were surviving. Five patients (23.8 %) showed complete recovery of renal functions. Four (19%) had become end stage renal disease and were on maintenance hemodialysis while two (9.5%) patients were having CKD but were not requiring hemodialysis.

Conclusions: Pregnancy associated AKI is a common cause of AKI requiring haemodialysis. It is associated with unacceptable high mortality and morbidity. Only one fourth of patients with PAKI requiring at least one session of hemodialysis did regain normal renal function at end of one year.

Table.1 Baseline characteristics of patients

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Base line Variables at admission	Mean	Std. Deviation
Total number of patients (n) =21		
Age of patient (years)	26.10	6.402
Parity	1.95	1.359
Gestational age (weeks)	33.00	9.783
Duration of onset of symptoms (days)	10.90	6.848
Duration of hospital stay (days)	15.86	9.227
Number of sessions of HD patient received	6.62	4.975
24-hour Urine output at admission (ml)	179.7619	102.96208
Heart rate at admission (per Min)	103.14	14.732
SBP at admission (mm of Hg)	119.90	21.095
DBP at admission (mm of Hg)	78.48	14.723
Haemoglobin at admission (g/dl)	7.7238	.94547
TLC at admission (per cmm3)	17085.24	6971.445
BUN at admission (in mg/dl)	187.1905	48.71511
Serum creatinine at admission (mg/dl)	8.9757	1.85097
Serum sodium at admission (meq/l)	132.1905	4.22633
Serum Potassium at admission (meq/l)	5.3505	.92866
Serum Albumin at admission (g/dl)	3.1976	.28256
Serum Bilirubin (mg/dl)	1.5971	1.13274
Serum SGPT (IU/L)	152.2381	169.67967
Serum SGOT (IU/L)	96.4286	117.95362
Serum Uric acid (mg/dl)	8.3152	2.04237

Figure 1. Outcome of PAKI at discharge and after one year

Figure.1 Outcome of PAKI at discharge and after one year.

