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**Platelet lymphocyte ratio as a prognostic factor in non septic acute kidney injury outcome.**

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**Objectives:**

Acute kidney injury (AKI) was common severe complication in intensive care units patients. So, many studies was focused on septic AKI predictive factors. However, there was very little research on prognostic factors in non septic AKI clinical outcome. Especially, on continuous renal replacement therapy(CRRT) for severe AKI patients. The purpose of this study was to find predictive factors for clinically outcome on non septic AKI patients.

**Methods:** We retrospectively studied on adult patients who diagnosis non septic AKI and performed CRRT on our hospital from January 1, 2010 to December 31, 2016. We checked the laboratory findings when the inpatients with CRRT for severe non septic AKI. They were divided two groups by 28-day in hospital survival. The clinical manifestation associated with each groups were analyzed. The value was expressed by median (range).

**Results:** January 1, 2010 through December 31, 2016 were initially screened .(n=921). We excluded patients who younger than 18years old. A total of 383 patients were included in the analyses. 231 patients are death group and 152 patients are survive. The median age of patients were 68(20-91) year-old in death group and 64.50 (18-90) year-old in survival group. Death patients are lower Platelet lymphocyte ratio(PLR) than survival patients.[94.04(3.04-11115.36)vs. 146.4(5.91-1248.25),P=0.001]. Univariate logistic regression analysis revealed PLR(120.00) was predictive factor for non septic AKI on CRRT 28-day mortality.[HR 1.894, 95% CI 1.249-2.873]. Other baseline characteristics and laboratory findings were no significantly different.

**Conclusions:** PLR was a good predictive factor of inpatients with CRRT for non septic severe AKI 28-day mortality.