

## **RENAL REPLACEMENT THERAPY IN ACUTE KIDNEY INJURY (AKI); PROFILE AND MAIN OUTCOMES IN PATIENTS DIALYSED IN THE ICU UNIT OF A BRAZILIAN GENERAL HOSPITAL**

J. N. Ferrari (1), J. A. Rodrigues Pedroso (2), G. Sobral Vieira (2), M. Crespo Pires (1), C. Kruger Sobral Vieira (2)

*(1) Internal Medicine Residency, Hospital Ernesto Dornelles, Porto Alegre, Brazil*

*(2) Nephrology and Dialysis Service, Hospital Ernesto Dornelles, Porto Alegre, Brazil*

**INTRODUCTION:** The ideal time to initiate dialysis in critical care patients with AKI is not well defined. Clinical criteria as volume overload and biochemical alterations such as azotemia, hyperkalemia and severe acidosis usually are considered to start renal replacement therapy (RRT). We describe the profile and main outcomes of patients who required renal RRT in ICU.

**METHODOLOGY:** A observational, retrospective, single-center study analyzed all successive RRT prescribed in general ICU for 6 months (Feb-Aug 2017), with six months of follow-up. Therapy was prescribed in a private tertiary hospital in Porto Alegre (320 beds of hospitalization, of which 32 ICU beds and 20 are intermediate care beds). Ninety-six patients performed RRT on ICU. We excluded patients with stage V CKD and those with AKI with previous RRT started out of ICU unit (n=32). The study was approved by the Research Ethics Committee of the hospital.

**RESULTS:** Of the 64 patients included in the study, 34 (53) were white. The mean age was  $73 \pm 12$  years. The most frequent comorbidity was hypertension (71.9) had a diagnosis of sepsis at ICU admission. The main indication for dialysis was oligoanuria (77.8) underwent intermittent dialysis IHD and 26 (40.6 of cases, but no correlation with mortality was found. Mortality during ICU and hospital stay was 82.8 during the observation period. The mean age among the patients who died was higher (74 years versus 66 years,  $p = 0.039$ ). Prevalence of oligoanuria as a cause of RRT prescription tended to be higher among deceased patients (87.8 among survivors,  $p = 0.056$ ). Mortality rates according to last prescribed RRT modality was similar (88.5) do not recover renal function, requiring chronic RRT after discharge.

**CONCLUSION:** Most of the papers reviewed do not include patients >70yrs (the highest mean age was 67 years in our review) and severity of comorbidities in our cohort is higher than found in most studies. We suggest more studies including older patients should be performed to identify subgroups with real benefit of RRT modalities treatment.