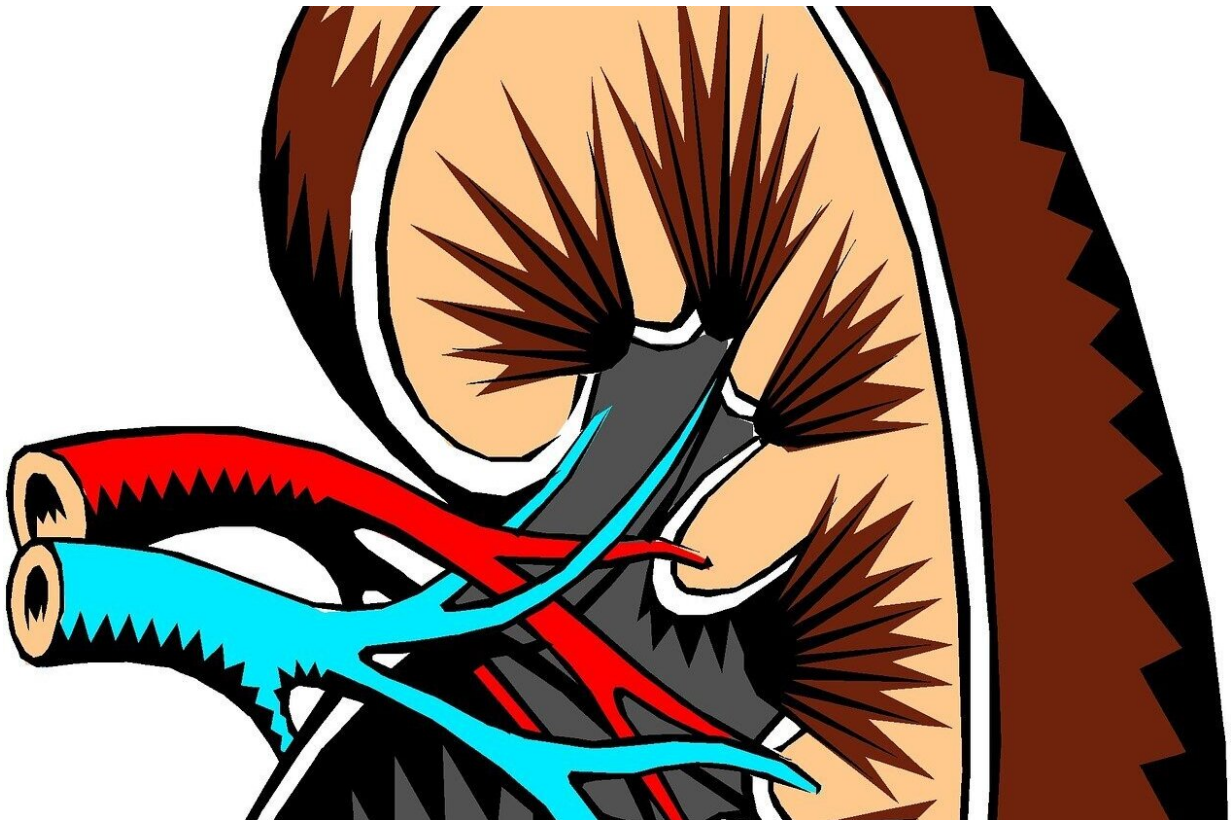


Critically ill COVID patients with acute kidney injury more likely to die than those with pre-existing chronic disease

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New research being presented at Euroanaesthesia, the annual meeting of the European Society of Anaesthesiology and Intensive Care (ESAIC),

held online this year, suggests that among COVID-19 patients admitted to the intensive care unit (ICU), those who have an abrupt decline in kidney function are more likely to die during hospitalisation than those with pre-existing kidney diseases. Moreover, renal replacement therapy (such as dialysis) does little to improve their chances of survival.

A sudden loss of [kidney function](#)—a condition known as [acute kidney injury](#) (AKI)—affects over a quarter of patients hospitalised with COVID-19. Previous studies suggest that [kidney](#) injury is linked with higher risk of death in COVID-19 patients. But outcomes of patients hospitalised with COVID-19 and AKI are not well understood. When AKI is severe, kidney function may be replaced by dialysis that removes toxins and excess fluid and salts that accumulate in the bloodstream.

To investigate whether AKI in COVID-19 patients without prior [kidney disease](#) correlates with a higher mortality, and whether this risk can be reduced by dialysis, Austrian researchers retrospectively studied all 129 patients who were admitted with confirmed COVID-19 to two [intensive care](#) units at a major teaching hospital in Vienna between September 1st, 2020 and February 15th, 2021. The median age of the patients was 66.5 years and two-thirds were male.

Patients were divided into three groups: those with a history of [kidney disease](#) at admission (33 patients); previously healthy kidney patients who developed acute kidney injury on day five of their ICU stay (those with an estimated glomerular filtration [eGFR] rate of

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