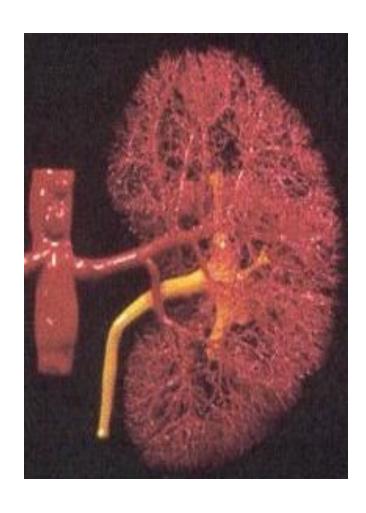
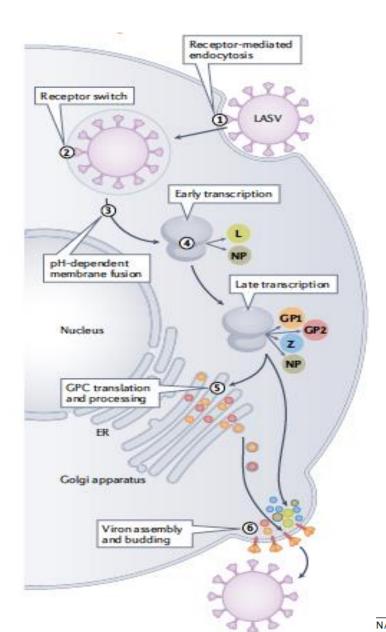
# **AKI in Lassa fever**

# Lassa virus replication





# Lassa virus and kidney

Pathologic and Virologic Study of Fatal Lassa Fever in Man

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Patients with Lassa fever in 1976 – 1980 in Sierra Leone:

Complete postmortem examination of 6 patients
Tissues from 7 fetuses from women infected with Lassa virus
Postmortem biopsies from additional 18 patients

# Lassa virus and kidney

Table 1 – Organ Viral Titers\* and Selected Clinical Laboratory Data

Case	Blood	Liver	Spleen	Lung	Kidney	Adrenal	Others	AST†	ALT‡	CPK§	BUN∥	Amy- lase¶
1	6.5	0	_	_	_	_	_	1124	131	1604	15	270
2	≥5.0	0	0	_	3.5	_	PI-6.5	2688	305	208	67	30
3	6.1	_	_	_	_	_	_	_		_	_	_
4	≥2.9	-	_	_	_	_	_	965	_	_	_	_
5	5.6	2.5	_	_	4.6	_	BM-4.6	3966	1455	4568	76	_
6	5.5	6.0	5.5	6.5	6.0	4.0	MG-7.0, 0-6.0, H-5.5, LN-4.5, Pa-4.0, SG-3.5	_	_	_	_	_
9	5.1	0	_	_	_	_	-	2336	299	297	66	1120
10	7.0	6.5	3.5	_	6.5	_	_	_	441	_	_	_
11	6.6	_	_	_	_	_	_	1641	183	611	41	68
12	5.6	_		_	_	_	PI-4.6	8	258	305	54	_
13	_	_	_	_	_	-	_	56	37	45	8	38
14	6.1	9.0	9.0	9.0	7.0	-	H-6.5, B-4.5, Pa-4.5	_	_	_	_	_
15	8.1	8.5	7.0	6.5	6.5	6.5	PI-8.0, Pa-6.5, H-6.0, B-5.5	_	_	_	_	_
16	0	0		_	4.5	-	<del>-</del>	_	_	_	_	_
17	4.6	_	_	_	_	_	_	687	94	>10,000	74	1325
20	5.1	6.5	_	_	_	-	_	_	_	_	_	_
Fetus 1	_	0	2.0	_	4.0	_	T-0	_	_	_	_	_
Fetus 2	_	0	0	_	0	_	H,Pa,T,PI-0	_	_	_		
Fetus 3	3.5	_	4.8	3.8	3.0	-	PI-7.5	_	_	_	_	_

Am J Pathol 1982, 107:349-356

## Lassa fever infection and AKI

The Risk of Severe Acute Kidney Injury Requiring Renal Replacement Therapy in Viral Hemorrhagic Fevers. A Review of Literature

Nehemias Guevara<sup>1</sup>, Claudia Olano<sup>2</sup>, Marlon Argueta<sup>1</sup>, Sami Akram<sup>3</sup>

Literature search: PubMed search of the English literature from 1999 – 2019 using the term 'viral hemorrhagic fever' and 'renal failure' as the subject

74 publications, 78 patients

70% dengue and hantavirus infection

remainder: puumala virus, Ebola virus, Lassa fever infection

Overall mortality: 32.2%

## Lassa fever infection and AKI

## Pathophysiology of AKI in viral hemorrhagic fever

#### Multifactorial:

- ✓ Hypovolemia
- √ hemodynamic instability
- ✓ rhabdomyolysis
- ✓ nephrotoxicity
- ✓ direct cytopathic effects of the viral protein on the glomerular & tubular cells

#### **Treatment:**

supportive

no specific therapy

## Lassa fever infection and AKI in children

Acute kidney injury and mortality in pediatric Lassa fever versus question of access to dialysis

Adewale E Adetunji<sup>a</sup>, Magdalene Ayenale<sup>a</sup>, Irene Akhigbe<sup>a</sup>, Lilian O Akerele<sup>a</sup>, Efosa Isibor<sup>a</sup>, Juliet Idialu<sup>a</sup>, Florence O Aideloje<sup>b</sup>, Ekene Emuebonam<sup>c</sup>, Chris Aire<sup>c</sup>, Donatus I Adomeh<sup>c</sup>, Ikponmwosa Odia<sup>c</sup>, Rebecca O Atafo<sup>d</sup>, Martha O Okonofua<sup>d</sup>, Adaugo Owobu<sup>a</sup>, Ephraim Ogbaini-Emovon<sup>c</sup>, Ekaete A Tobin<sup>c</sup>, Danny A Asogun<sup>c</sup>, Sylvanus A Okogbenin<sup>e</sup>, Pardis Sabeti<sup>f</sup>, Christian T Happi<sup>g</sup>, Stephan Günther<sup>h</sup>, Chukwuemeka O Azubuike<sup>i</sup>, Mojeed Rafiu<sup>i</sup>, Angela Odike<sup>a</sup>, Sylvia C Olomu<sup>a</sup>, Michael O Ibadin<sup>a</sup>, Peter O Okokhere<sup>i</sup>, George O Akpede Prof.<sup>a,\*</sup>

40 successive hospitalized children with confirmed Lassa fever between 2009 – 2017 in Nigeria

40% had AKI (mainly AKI stage 2 or 3)

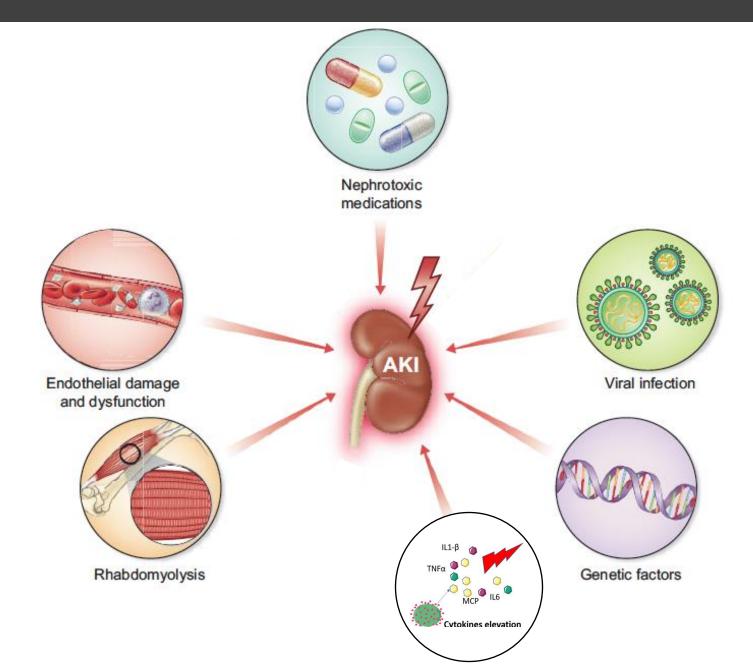
Risk factors for AKI: abnormal bleeding

encephalopathy

hamaturia

elevated transaminases

# Lassa fever infection and risk of AKI



## Lassa fever infection and AKI

### **Pathophysiology**

**Direct Viral Effects:**Kidney infection

#### **Indirect Effects:**

Hypovolemia
Systemic inflammation
Secondary infection
Rhabdomyolysis

# Management Effects: Nephrotoxins

Fluid management

#### Management

- ✓ Lassa fever associated AKI is often multi-factorial.
- ✓ The risk of AKI is higher in patients with more severe Lassa infection.
- ✓ There are no specific treatments for Lassa fever associated AKI.
- ✓ Standard of care to prevent and manage severe infections and multi-organ failure in critically ill patients is recommended.
- ✓ Fluid management is important.
- ✓ Exposure to nephrotoxins should be avoided if possible.
- ✓ The indications for RRT are not different than for other infection associated types of AKI