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SURVIVAL PREDICTORS in acute hemodialysis patients in eastern Morocco (about 724 cases) : a descriptive and analytical prospective study

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BACKGROUND:

Acute kidney injury (AKI) often requires renal replacement therapy (RRT) in emergency circumstances. This situation is burdened by important morbidity and mortality.

Our work aim: to study the indications and modalities of hemodialysis (HD) in emergency, as well as the evolution of dialysis patients in emergency situations, and to determine the predictive factors of survival in these patients.

METHODS:

This is a prospective descriptive and analytical single-center study concerning hemodialysis patients in emergency circumstances treated by the nephrology department of Mohammed VI university hospital of OUJDA-MOROCCO, over a period of 3 years (36 months) spanning from January 2020 to September 2022. We excluded chronic kidney disease (CKD) and chronic hemodialysis patients that presented with a dialysis emergency. and patients lost to follow-up within 3 months of the 1st hemodialysis session. The parameters assessed were demographic, clinical and biological, radiological, dialytic and evolutionary. Software used: SPSS 25.

RESULTS:

- **724 patients.**
- **1821 hemodialysis sessions.**
- **Sex ratio M/F:** 1.19
- **Average age : 53.9** +/- 20.7 ans

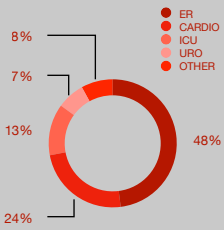


Figure1: departments of reference .

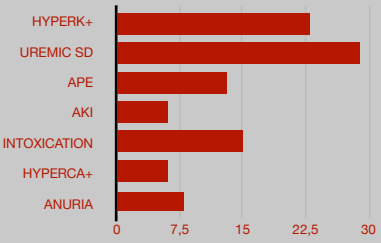


Figure 2: dialysis indications .

- **Duration of 1st : < 1H30 in 62.4% of cases**
- **35.5% of catheter malfunctions**
- **4.8% of cardiac arrests**

- **10.6% OF PATIENTS had obstructive AKI**

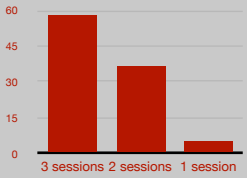


Figure 3: number of sessions required .

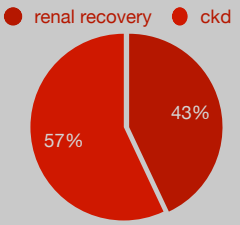


Figure 4: outcome after 3 months of follow up .

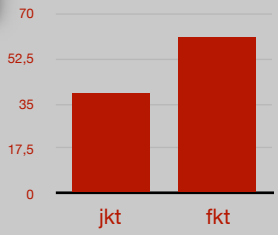
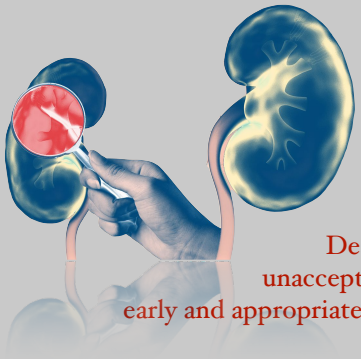


Figure 5: type of vascular approach .

	Age	Serum creatinine	Potassium level
Renal recovery	46.8 +/- 19.3 yo	99.3 +/- 59 mg/l	5.6 +/- 1.5
CKD / HD	59.1 +/- 20.2 yo	148.9 +/- 73.8 mg/l	6.0 +/- 1.4
P	< 0.001	< 0.005	= 0.002

Table 1 : outcome correlated to age / serum creatinine and potassium level .



DISCUSSION & CONCLUSION :

Despite the progress made in the management of AKI, this condition remains associated with unacceptable morbidity and mortality when it requires emergency RRT, hence the importance of early and appropriate management.

REFERENCES:

1-Negi, S., Koreeda, D., Kobayashi, S. *et al.* Renal replacement therapy for acute kidney injury. *Ren Replace Ther* 2, 31 (2016). https://doi.org/10.1186/s41100-016-0043-1