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Clinical Profile and Outcome of Patients with Acute Kidney Injury- an Experience from Tertiary Hospital of Developing Country

Merahi Kefyalew

Tikur Anbessa Specialized Hospital, Ethiopia

Acute kidney injury (AKI) is a major health problem, causing morbidity in 13 million people annually, among which, 85% occur in developing countries. It is therefore one of important issue in Africa where there is resource limitation at large, and appreciation of its pattern can help understand its causes, complications and outcome better which are determinants for its early prevention and management.

Objective: To evaluate Patterns and outcome of AKI patients who are admitted in Tikur Anbessa specialized hospital(TASH) Adult Emergency Unit, Addis Ababa, Ethiopia

Methodology: Prospective Crossectional study was done from August 1, 2018 to May 1, 2019.:The research was done at TASH adult ED. SPSS software version 25 was used for analysis. The area selected for this research was TASH adult emergency unit, Addis Ababa, Ethiopia where the sample was collected from the patients who fulfill the inclusion criteria. SPSS software was used for analysis. Binary logistic regression was done for identification of mortality predictors. Patients' laboratory results on admission and discharge were compared by paired samples T-test. Survival time was estimated by Kapan- Meier and log rank test with a 95% CI. A P-value of <0.05 was considered to denote statistical significance.

Result: A total of 144 cases of AKI were included in the study. The mean age of presentation at a younger age of 46.16 ± 16.6 . The most common causes of AKI were Sepsis (43.2%), volume depletion (25%), cardio renal syndrome-1(16%) and obstructive uropathy (16%). Uremic encephalopathy, sepsis and hyperkalemia were factors that were identified as mortality predictors in overall AKI patients. AKI patients with sepsis were found to have lower hospital survival than those without sepsis. From the laboratory findings, there was significant difference between creatinine values on admission and discharge.

Conclusion: As sepsis was the dominant cause of AKI as well as mortality predictor and cause of lower hospital survival, early initiation of antibiotics in the Emergency unit would be beneficial in order to improve the in hospital outcome of patients with AKI.

Biography:

Merahi Kefyalew has completed his undergraduate study of medicine from Addis Ababa University at the age of 26 years and he immediately started his specialization study in the departement of Emergency medicine and critical care from same university. He is currently final year resident to be graduated after 5 months as Emergency physician.