

AETIOLOGY AND OUTCOME OF PATIENTS PRESENTING WITH AKI AT A NEW RENAL CENTRE IN ONDO OVER A 10 MONTH PERIOD

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INTRODUCTION

- AKI is a global problem and is increasingly recognized across all fields of medical practice
- Worldwide incidence of AKI is unknown
- There is lack of data on the true incidence of AKI in Nigeria
- Existing literatures in Nigeria are old and are from single centre experience
- About 2 million people die of AKI yearly

OBJECTIVES

- To determine the common aetiologies of AKI in Kidney Care Centre, Ondo
- To determine the outcome of patients treated for AKI

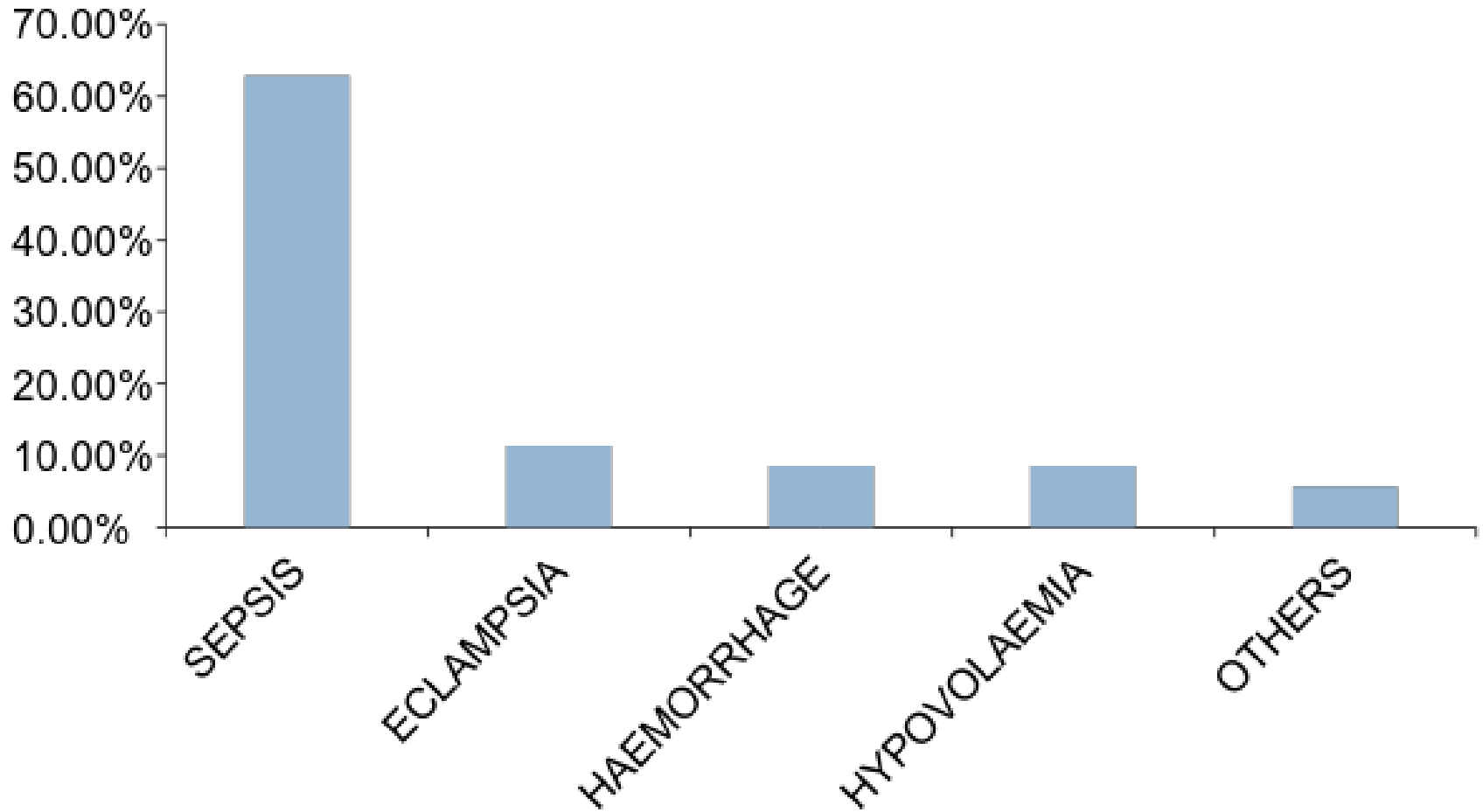
METHODOLOGY

- This was a retrospective study where records of patients managed for AKI between March 2014 and December 2014 were retrieved and reviewed.
- Information retrieved were demographic data, aetiology of AKI, investigation results, treatment given and outcome
- Data was analyzed using SPSS 16.0

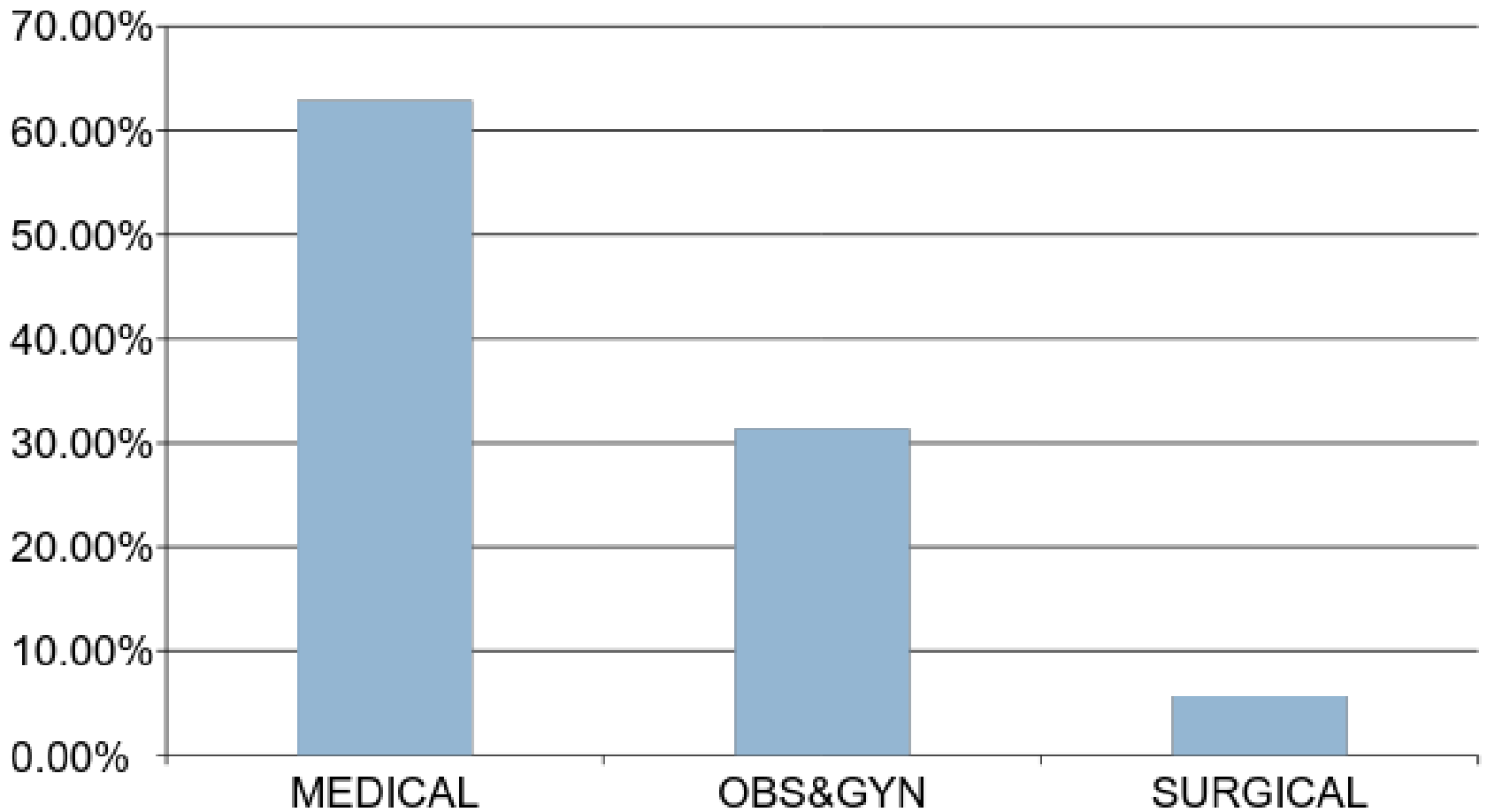
RESULTS

- A total number of 35 patients ; 18 females and 17 males were managed for AKI during the review period.
- The mean age of the patients was 47.74 ± 23.58 years; twenty(57.1%) of the patients were ≤ 45 years
- The median eGFR at presentation was 15.47mls/min
- Twenty-five(71.4%) of the patients presented at RIFLE stage 3
- Seventeen(48.6%) of the patients had haemodialysis
- Two(5.7%) of the patients were admitted into ICU

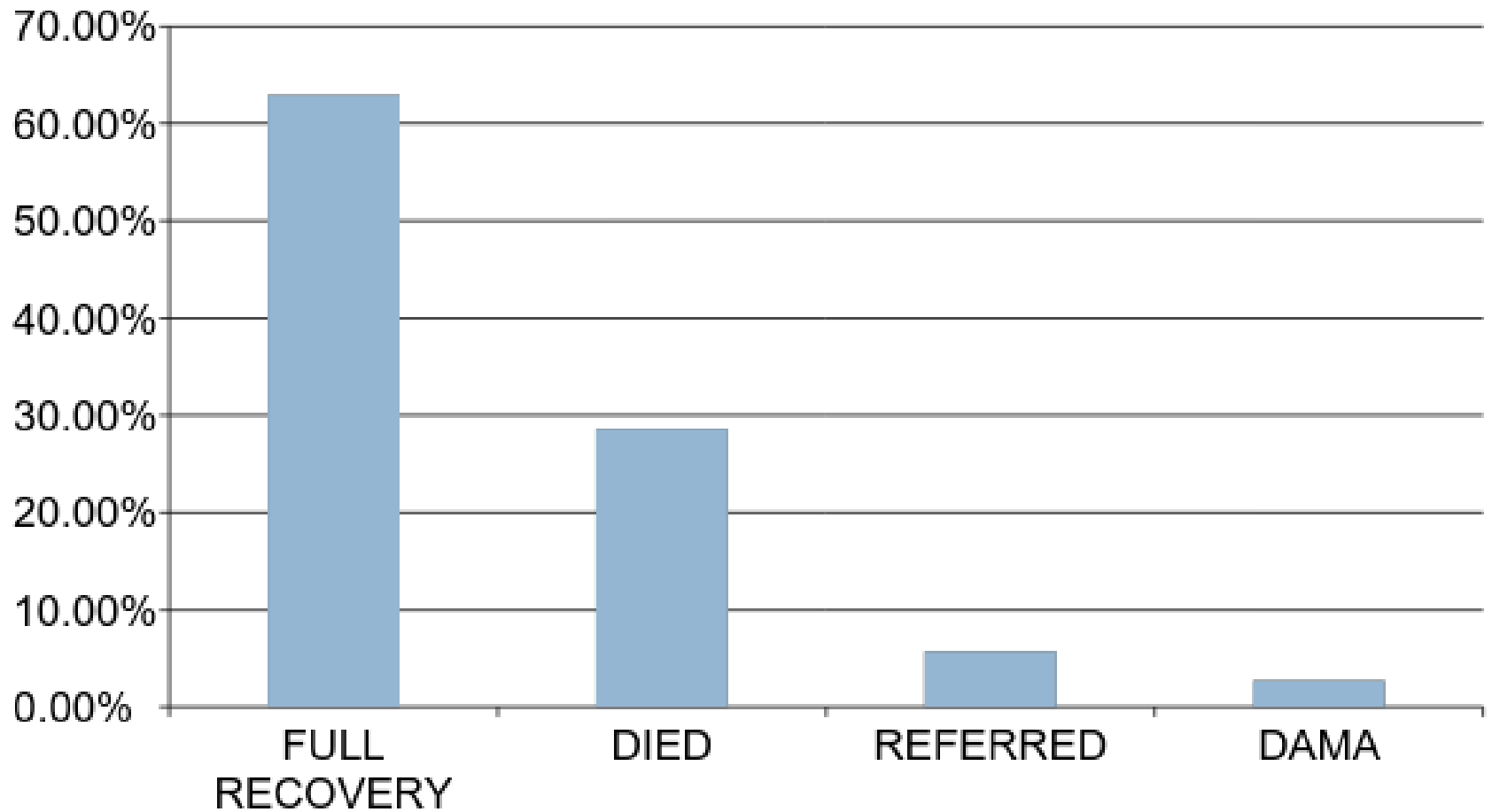
AETIOLOGY OF AKI



AETIOLOGY OF AKI



OUTCOME OF AKI



DISCUSSION

- AKI affected more young and middle aged group age group compared to the elderly. The commonest cause of AKI in this study was sepsis . This findings were similar to previous reports from Nigeria, ^{1,2,3} however different from reports from developed countries⁴
- Majority of these patients presented late at RIFLE criteria stage 3 which is similar to previous reports
- Mortality rate of patients with AKI was 28.6%. This is comparable with 28.8% reported by Okunola et al ² , but lower than 47.6% and 43.5% reported by other authors. ^{1,3}
- Limitation of this study is the relative small sample size, however the findings are comparable with previous studies.

RECOMMENDATIONS

- Continuous health education of public
- Regular CME on prevention, early recognition and management of AKI
- Early referral of AKI patients to specialists by medical practitioners
- Strengthening of obstetric care and services
- Opening and keeping of AKI registry in our health institutions across the country

CONCLUSION

- AKI commonly affected more young and middle age group compared to the elderly in KCC
- Majority of these patients presented late
- The common causes of AKI were sepsis, eclampsia and haemorrhage which are preventable or treatable
- The mortality of patients with AKI is still high compared to ISN vision 0 by 25

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THANK YOU