

Acute renal failure: epidemiological, etiological, therapeutic and progressive profile

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Introduction :

Acute renal failure (AKI) is a frequent pathology responsible for a heavy morbi mortality both immediate and long term. The mortality rate varies a lot depending on the terrain; associated pathologies, and the context in which ARI occurs. The prognosis depends on the initial etiology and early management, made possible by advances in current methods of adrenal support.

Objective: determine the frequency of AKI in each department, the clinical, biological and progressive characteristics of patients with AKI, the modalities of management of AKI and the evolution (recovery, evolution towards IRCT, death)

Materials and methods :

This is a retrospective case study carried out in the nephrology department of the Ibn Rochd University Hospital in Casablanca, during the period from January 1, 2018 to December 31, 2019.

The patients who make up this series have been admitted to the various emergency, resuscitation, medical and surgical departments of the CHU.

Results:

Our study included 456 cases, The annual incidence was 229 cases / year, with an average age of 45.8 ± 18 in adults and 7.5 ± 4.35 years in children. A male predominance with a sex M / F ratio of 1.2. The most common history in our patients was diabetes and hypertension. Our patients have been hospitalized in the various medical and surgical resuscitation departments and the emergency department, which is the main hospitalization site for our patients. Followed by the medical vacation service and then the surgical services. Treatment for AKI was based on extrarenal purification in 340 patients (67.19%) indicated mainly in the face of threatening hyperkalemia, disturbances of consciousness

The evolution was marked by an improvement in renal function in 61.35% of the patients, death in 36.2% and by an evolution towards the terminal stage in 3%. In the analytical study, the evolution of renal function was significantly associated with the etiology of AKI, the unstable state of the patient, the creatinine values and the number of hemodialysis sessions. The significant risk factors for mortality were, AKI and sepsis, hemodynamic instability, at the time between admission and dialysis

Conclusion:

Despite the multiple current consensus to define IRA, it remains a research subject both on the pathophysiological and therapeutic level, a better knowledge of risk and prognostic factors could be a major asset for more effective management.