

### ACUTE KIDNEY INJURY IN INTENSIVE CARE UNIT: PREVALENCE AND RISK FACTORS

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**Introduction.** Acute kidney injury (AKI), term that replaced the notion of acute renal failure, is defined as an abrupt decrease in kidney function and represents a complication registered frequently in critically ill patients, with impact on outcome and mortality [1]. Identification of hospitalized patients with an increased risk for AKI is of great interest.

**Keywords:** acute kidney injury, risk factors.

**Purpose.** Estimation of the prevalence and etiology of acute kidney injury in critically ill patients admitted to the surgical intensive care units.

**Material and methods.** Prospective study. During 6 months (11 June 2019 – 11 January 2020) patients from 3 surgical intensive care units were evaluated for acute kidney injury and risk factors inclusively. Descriptive statistic.

**Results.** AKI prevalence in surgical intensive care units was 16.1% (329/2043), with an average age of  $59.8 \pm 16.8$  years, showing an age-dependent relationship between AKI and older age - 79.3% of patients with AKI were  $\geq 61$  years.

According to the severity of illness: stage I - 58%, stage II - 20.4%, stage III - 21.6%.

Pre-renal and intrinsic renal etiologies prevalence 98.1%. Post-renal obstructive causes were observed in elder patients  $\geq 61$  years.

**Conclusions.** The elder patient is in group of risk for acute kidney injury. The etiology and pathogenesis of acute kidney injury in patients admitted to intensive care units have mixed ischemic nature (pre-renal and intrinsic renal). Post-renal obstructive disease is characteristic more for elder patients.

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1. Makris K. and Spanou L. Acute kidney injury: definition, pathophysiology and clinical phenotypes. Clin Biochem Rev. 2016, 37(2):85-94.