the treatment of BP is lacking. This systematic review registered with PROSPERO (registration number: CRD42014007248) aimed to assess the evidence for the AE associated with tadalafl in BP indication. **CONCLUSIONS:** Tadalafil use in BP has now been increasing over the years. The data from published RCTs will help to identify the AE associated with its use.

**PUK2**

**PREVALENCE AND ASSOCIATED COMPLICATION OF ACUTE KIDNEY INJURY AMONG DENGUE PATIENTS**

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**OBJECTIVES:** Dengue fever is a mosquito borne infectious disease that is mainly prevalent in tropical and subtropical zones of the world. One of the potential complications of dengue is acute kidney injury (AKI). Current study aims to assess the incidence and risk factors for AKI among dengue patients. **METHODS:** A retrospective review of medical records of dengue infected patients enrolled from May 2005 to December 2013 was conducted at a tertiary care hospital in Kelantan. **RESULTS:** Total 124 patient records (male: 63, female: 61) with mean age of 29.57±15.09 were reviewed retrospectively. Out of 124 patients, 104 (83.9%) suffered with classical DF, 19 (15.3%) with dengue hemorrhagic fever (DHF) while only 10.8% with Dengue shock syndrome (DSS). The prevalence of AKI among Dengue patients was found to be 7.2% (9 patients). On the basis of Acute Kidney Injury Network (AKIN) criteria, 2(22%) had stage 1 AKI while remaining 7(8%) had stage 2 AKI. For the purpose of analysis of risk factors for AKI, patients were categorized into group A (with AKI) and group B (without AKI). Mann Whitney’s U test was used to compare differences between groups. A higher serum creatinine (112.39 ± 56.87, p = 0.001), bilirubin (70.81 ± 48.73, p = 0.038), urea (104.50 ± 58.08, p = 0.001), WBC (92.25 ± 90.90, p = 0.013) and HB (90.91 ± 60.04, p = 0.021) levels were observed among AKI dengue patients. Though the duration of hospital stay of group 1 was more than group II, but this difference was statistically insignificant (t = 7.73, df = 61.34; p = 0.192). **CONCLUSIONS:** AKI is a least studied and poorly understood complication of dengue fever. Such patients are at verge of developing DHF/DSS resulting in complicated clinical course and increased mortality. A caution diagnosis and timely management would be the first and foremost step for management of such patients.