RENAL ANGINA IN CRITICALLY ILL PATIENTS: EXPLORATORY ANALYSIS OF TWO PREDICTION TOOLS IN FUNDACION CARDIOINFANTIL IN BOGOTA - COLOMBIA.

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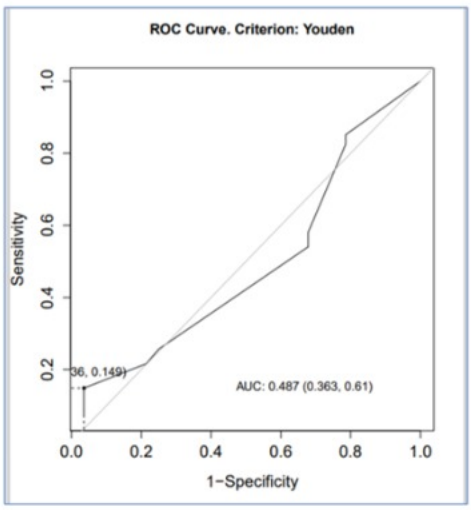
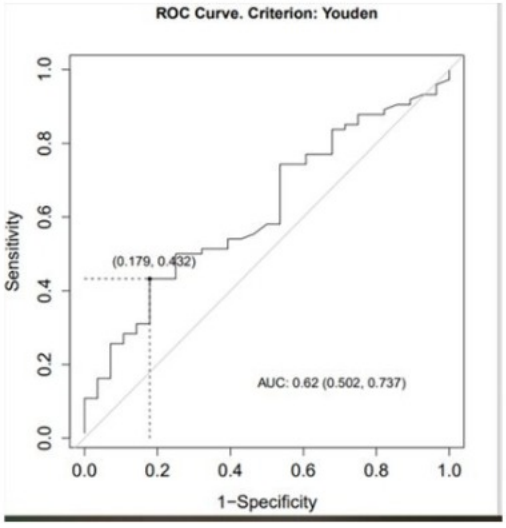
Background: AKI implies clinical and economical repercussions. The use of biomarkers economically limited, so is mandatory to use resources wisely, according to worse clinical scenarios through prediction tools that allow selecting patients with higher benefit from interventions to reduce morbidity derived from AKI.

Methods: From our database, we searched adult ICU patients (February to june 2020), excluding those at ICU admission with diagnosis of AKI, serum creatinine >2,5mg/dl, dialysis or kidney transplantation. We evaluate the performance of the Renal Angina Index (RAI), and Acute Kidney Injury Predictor (AKI predictor), to predict severe AKI (KDIGO 2 and 3) at 7 days of follow-up in ICU patients.

Results: A total of 74 patients (72.5%) had severe AKI at 7 days.
The ROC AUC for the RAI and AKI predictor score was 0.487 (95% CI 0.363 - 0.61) and 0.62 (95% CI 0.502 -0.737) respectively. A probability of AKI by the AKI predictor tool of 27% or less had a sensitivity of 43.3% and a negative LR of 0.69.





Conclusion: In this exploratory analysis, RAI doesn't discriminate between patients progression risk to severe AKI. An AKI predictor risk lower than 27% suggests that patients won't progress to severe AKI and doesn't require further biomarkers.

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