CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) AND MORTALITY IN CRITICALLY ILL PATIENTS WITH CIRCULATORY SUPPORT AND ECMO.

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Objective

Evaluate the impact of AKI on mortality in unstable patients requiring ECMO and CRRT.

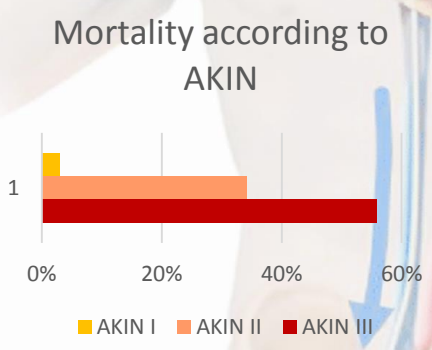
Methods

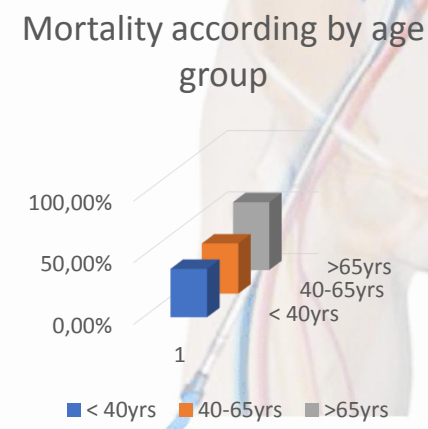
Retrospective study in patients with ECMO requirements at the Bellvitge University Hospital in the period 2014 – 2020.

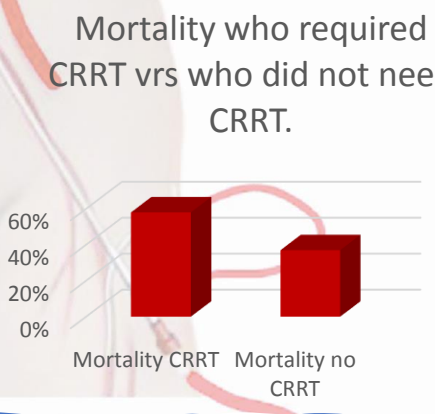
Results

The cohort consisted of 209 patients. 169 (80%) AKIN vrs 40 (20%) No AKIN.

Patients demographic data and clinical characteristics	
Gender	M 157 / F 52
Age (years)	53 ± 15
SCr baseline	0,92 mg/dl.
CKD	15
DM	39
AKIN	169
AKIN I	20
AKIN II	38
AKIN III	111
VA-ECMO	149
VV-ECMO	60







Mortality according to sex there was no statistical difference between M 47.7% / W 40.3% (p=0.3554 chi squared), and according to the type of ECMO observed higher mortality in VAc of 71.4%, / VAp 43.7% / VVp 41.6% (p= 0.04 chi squared).

Conclusions

ECMO is associated with a high incidence of AKI and a high risk of mortality. We observed a high mortality associated with the need for CRRT. It is necessary to define predictors of mortality to identify those patients who can benefit from the initiation of CRRT.

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