



# Impact of dialysis practice patterns on outcomes in acute kidney injury in Intensive Care Unit

Sir,

We read with interest the article on outcomes in acute kidney injury (AKI) by Annigeri *et al.*<sup>[1]</sup> They have very well compared the change of their practice of dialysis in view of indications and process of dialysis with resultant significant change in mortality.

The authors think that some aspects need to be considered in this study. Severe organ edema was chosen as an indication for dialysis. The definition used for this indication is not clearly defined in the manuscript. The comparison of hemodynamics between continuous renal replacement therapy (CRRT) and prolonged intermittent renal replacement therapy (PIRRT) does not add much value to the study as the choice of dialysis was based on the hemodynamics. The authors think an objective assessment of hemodynamics during the dialysis sessions comparing PIRRT and CRRT would have given some more information as studies are available which have tried to explain the hemodynamic effects with the use of vasopressor dependency and vasopressor index.<sup>[2]</sup>

The aim of RRT was targeted to control blood urea nitrogen. This is a target used in chronic renal failure, but its utility in a patient in AKI who is undergoing dialysis for metabolic acidosis and fluid overload is doubtful.<sup>[3]</sup> The efficacy of PIRRT to achieve the targets should have been compared with CRRT.

## Letters to the Editor

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### Conflicts of interest

There are no conflicts of interest.

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