

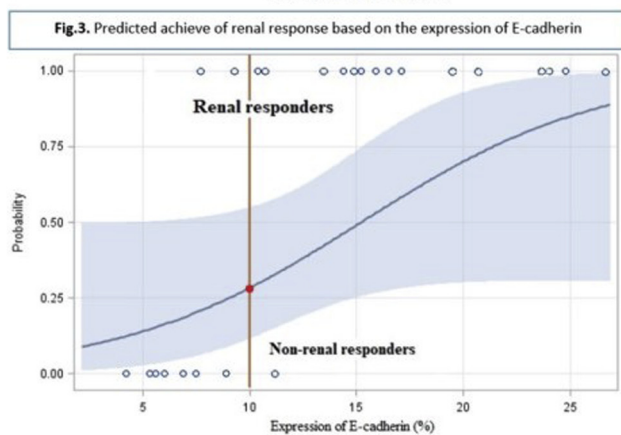
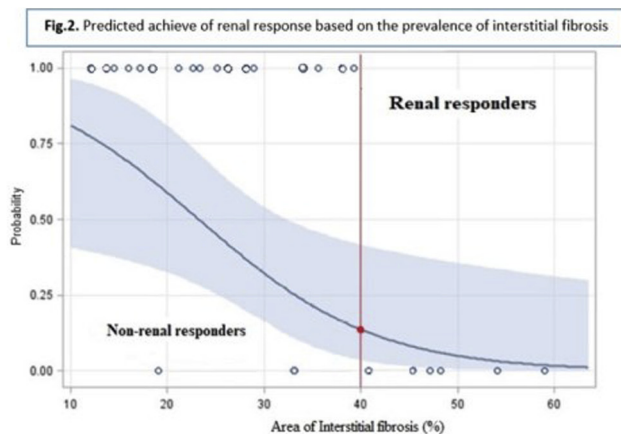


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it possible to determine with high accuracy the threshold values of interstitial fibrosis (>40%) and expression of E-cadherin (<10%) from tubulo-interstitium, in which the achievement of renal response is impossible with a probability close to 80% (Figures 2 and 3).

Conclusions: The main characteristic of AKI due to MCN is the rapid (within 2 months) formation of irreversible changes in kidneys: interstitial fibrosis and loss of tubular epithelial phenotype. This is emergency and require intense antimyeloma therapy to achieve hematologic and renal response. The quantitative computer morphometric assessment increases the accuracy of nephropathology studied and can be used in prognostic models.



No conflict of interest

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INCIDENCE OF ACUTE KIDNEY INJURY IN PATIENTS WITH CHRONIC LIVER DISEASE AND ITS IMPACT ON CLINICAL OUTCOME

Sharma, SK¹, THAPALIYA, A*¹, Madan, C¹

¹BPKIHS, Internal Medicine, Dharan, Nepal

Introduction: The objective of the study is to determine the incidence of acute kidney injury in patients with chronic liver disease, to determine the aetiology of acute kidney injury in these patients and its impact in clinical outcome

Methods: **Study Design:** Prospective, observational study

Study Method: A total of 82 patients with Chronic liver disease admitted in medical wards were enrolled in the study. Incidence of acute kidney injury (AKI) was determined. The etiology of the acute kidney injury was evaluated. At the end of hospital stay, outcomes were assigned as reversal of AKI and in hospital mortality. Also, 3 month all cause mortality was evaluated.

Results: Out of the 82 patient of chronic liver disease admitted in the medical ward of BPKIHS, 34 patients (41.5%) had acute kidney injury. The most common cause of AKI among study population was due to infection 12 patients (35.3%), and due to hypovolemia secondary to Upper gastrointestinal bleeding in 9 patient (26.5%). Both in hospital and 3 month mortality was higher in study population with AKI when

compared to study population without AKI. The reversal of AKI was higher among the population with AKI due to hypovolemia and mortality was higher in population with AKI due to infection.

Conclusions: There is high incidence of Acute Kidney Injury in patients with chronic liver disease admitted in medical wards. Acute kidney injury is an important prognostic factor for patients with chronic liver disease. Patient with AKI had higher mortality and outcome of patient depended upon the etiology of AKI.

No conflict of interest

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THE OUTCOME OF COVID-19 PATIENTS WITH ACUTE KIDNEY INJURY AND THE FACTORS AFFECTING MORTALITY

VAHDAT, S*¹, Shahidi, S², Atapour, A², Reisizadeh, S³, Soltaninejad, F⁴, Maghami-Mehr, A⁵

¹Isfahan Kidney Diseases Research Center- school of Medicine- Isfahan University of Medical Sciences- Khorshid Hospital, Nephrology, Isfahan, Iran, ²Isfahan University of Medical Sciences, Nephrology, Isfahan, Iran, ³Isfahan University of Medical Sciences, Internal Medicine, Isfahan, Iran, ⁴Isfahan University of Medical Sciences, Pulmonary Diseases, Isfahan, Iran, ⁵Isfahan University of Medical Sciences, Statistics, Isfahan, Iran

Introduction: Acute kidney injury (AKI) is one of the most prevalent complications in COVID-19 patients. A variety of factors is involved in disease progression and associated outcomes. The aim of this study was to evaluate these outcomes and the risk factors associated with mortality.

Methods: In this retrospective study, 102 COVID-19 patients which encountered AKI were enrolled and categorized into three AKI stages, according to the AKIN criteria. Patients' clinical outcomes and characteristics, laboratory and imaging findings and treatment approaches were recorded.

Results: In a three month (March-May, 2020) duration the information of COVID-19 patients was collected. The results showed that out of 437 cases 102 COVID-19 patients had developed AKI and 63 patients (61.8%), 26 patients (25.5%), and 13 patients (12.7%) were in stage I, II, and III of AKI disease, respectively, according to AKIN classification. There were 39 (38.2%) females and 63 (61.8%) males with the mean age of 65.98±17.95 years. In addition, the secondary infection (P=0.019) and hypoproteinemia (P=0.018) were the most significant clinical outcomes (Table 1). Chronic obstructive lung disease (OR= 1.362, P=0.007), renal replacement therapy (OR= 2.067, P=0.005), lung consolidation (OR= 0.722, P=0.032), and bilateral pulmonary infiltration (OR=4.793, P=0.002) were the factors associated with mortality rate of COVID-19 patients with AKI (Table 2).

Conclusions: Regarding the AKI as an important complication of COVID-19 which can predict the higher mortality rate, renal replacement therapy, COPD, lung consolidation, bilateral pulmonary infiltration should be considered to take proper preventive, supportive and treatment approaches to reduce the mortality rate.

No conflict of interest

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A CASE OF HEMOLYTIC UREMIC SYNDROME AFTER MITRAL VALVE ANNULOPLASTY PROCEDURE

VINIKOVAS, A*¹, Miglinas, M², Rimsevicius, L²

¹Vilnius University, Faculty of Medicine, Vilnius, Lithuania, ²Vilnius University Hospital Santaros Klinikos, Nephrology department, Vilnius, Lithuania

Introduction: Microangiopathic hemolytic anemia (MAHA) is a known complication after valve replacement with prosthetic valves. Hemolytic anemia can occur also after mitral valve repair operation, but the incidence of hemolysis complications is unknown. In this abstract, we describe a case of hemolytic uremic syndrome (HUS) after mitral valve annuloplasty, which was successfully treated with prosthetic replacement of the valve.

Methods: A 44-year-old male presented to cardiologist consultation because of the arrhythmia history 3 months ago. Initial evaluation included disease history: In 2017 the patient experienced episode of ventricular tachycardia, which was treated with infusion of amiodarone and 3 defibrillation shocks. Patient's medical history includes history of hypertension for 10 years, type 2 diabetes for 5 years, usage of anabolic steroids 10 years ago (patient was a heavy-lifter) and occasional cigarettes smoking. Physical examination revealed a systolic murmur in the mitral valve auscultation area. In the performed heart ultrasound a mitral valve prolapse and 3rd degree mitral regurgitation was found. It was recommended to perform a mitral valve annuloplasty with