

Title: Acute Kidney Injury Predicts Mortality in Emergency General Surgery Patients

Alexandra Briggs, MD, Joaquim M. Havens, MD FACS, Ali Salim, MD FACS, Kenneth B. Christopher, MD



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Abstract

Background: Patients undergoing Emergency General Surgery (EGS) have increased risk of complications and death. The risk of AKI in patients undergoing EGS, along with associated outcomes, is unknown.

Methods: This two-institution observational study included adults admitted to intensive care units between 1997 and 2012. EGS was defined by 7 procedures occurring within 48 hours of ICU admission. The main outcome studied was AKI within 5 days, along with 90-day mortality.

Results: In our cohort of 59,604 patients, 1,758 (2.9%) underwent EGS. Risk of AKI in EGD patients was significantly increased relative to non-EGS patients, with adjusted odds of 1.7(95%CI 1.40-1.94;P< 0.001). Risk of renal replacement for EGS patients was also increased, with odds of 1.8(95%CI 1.37-2.46;P< 0.001). EGS patients were at significantly higher risk of 90-day mortality, with adjusted odds of 3.1(95%CI 2.16-4.33,p<0.001) for AKI and 4.5(95%CI 2.58-7.96,p<0.001) for AKI requiring renal replacement, relative to the absence of AKI.

Conclusions: EGS is a robust risk factor for AKI in critically ill patients, the development of which is strongly predictive of increased 90-day mortality.

Keywords : emergency general surgery; acute kidney injury; surgical complications

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