

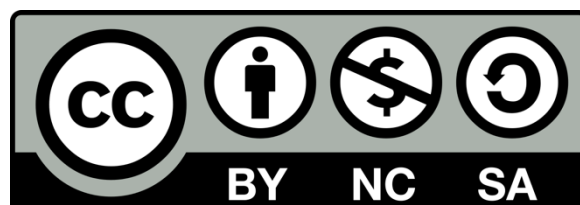
8TH LUBLIN INTERNATIONAL MEDICAL CONGRESS FOR STUDENTS AND YOUNG DOCTORS

LUBLIN, 18TH – 20TH NOVEMBER 2021

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STUDENTS' SCIENTIFIC SOCIETY
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Ultrasound assessment of renal blood flow as a method for early diagnosis of acute kidney injury in geriatric patients with peritonitis.

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Introduction: Elderly people are particularly vulnerable to the development of postoperative complications, one of which is acute kidney injury (AKI). It is believed that ultrasound examination of renal blood flow may be a promising method for bedside diagnosis of AKI.

Aim of the study: to evaluate the predictive value of renal resistance index (RRI) and semiquantitative renal perfusion (SQP) as methods for early diagnosis of AKI in geriatric patients after urgent abdominal surgery.

Material and methods: In this prospective observational single-centre study, we included 50 elderly patients, who underwent emergency abdominal surgery. 40 of them met the inclusion criteria. Renal dopplerography was performed daily when patients were admitted to the ICU, RRI was measured in the renal segmental or interlobar arteries. SQP was performed using color flow mapping. AKI was diagnosed according to KDIGO criteria.

Results: According to our study, 26 patients (65%) developed acute kidney injury in the postoperative period. RRI was statistically higher in patients with AKI ($p = 0.000001$). The values of SQP of renal function did not differ between groups ($p = 0.636$). $RRI > 0.71$ is the optimal threshold level for the development of AKI with a sensitivity of 87.2% and a specificity of 73.5% (area under the curve (AUC) - 0.88, $p < 0.0001$). CI, IAP, and APP were significantly very weakly correlated with RRI ($r = -0.31$; $r = 0.26$, $r = -0.28$, respectively, $p < 0.05$).

Conclusions: High RRI values are associated with AKI in geriatric patients after urgent abdominal surgery. RRI may be a bedside diagnostic tool for AKI, in contrast to renal SQP, which has shown no predictive value.



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