EVALUATION AND OUTCOME OF TROPICAL ACUTE KIDNEY INJURY IN A TERTIARY CARE HOSPITAL IN EASTERN INDIA

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Introduction:- Spectrum of AKI is very different in tropical countries than temperate countries and often dominated by infective causes like malaria, dengue, leptospirosis as well as snake bite. As there is dearth of data in this topic, we conducted a study to evaluate the spectrum of tropical causes of AKI as well as its outcome.

Aim:- 1. Evaluate incidence, clinical profileand outcome of patients with tropical AKI.

2. determination of risk of progression to CKD following tropical AKI.

Study methods:- Patients with tropical AKI who got admitted under our care included in this trial. All were investigated thoroughly including renal biopsy as needed to determine the cause of AKI. Patients were followed up for 6 months post recruitment or till death to monitor renal function and progression to CKD.

Results:- This study revealed scrub typhus to be the most common infective cause of AKI (24.1%) patients followed by malaria, leptospirosis, dengue fever and enteric fever. Snake bite induced AKI noted in 15.9% of patients. Dialytic support required in 31.8% of patients and predominant etiologies were snake bite and malaria. 7.14% of patients progressed to CKD during 6 months follow up period. Delayed referral was associated with prolonged hospital stay, prolonged dialytic support requirement and overall poorer outcome.

Discussion:- The study showed that tropical AKI is an important health problem with significant morbidity and mortality. Most common cause was scrub typhus followed by snake bite. A significant percentage of patients also progressed to CKD.

Conclusion:- Bulk of tropical AKI formed by snake bite and infective causes like scrub typhus, malaria, leptospirosis. As most of these are preventable, a greater awareness with timely intervention can reduce the morbidity and risk of progression to CKD.