

Title: Causes and clinical outcome of PRAKI in patients admitted to a tertiary care center of Northern India

Medhavi Gautam* and **Armin Ahmed**

King George's Medical University, India

Received Date: : 22-04-2023 Accepted Date: 24-04-2023 Published Date: 25-06-2023

Statement of the problem: For any country, maternal mortality is a crucial health indicator. Pregnancy-Related Acute Kidney Injury (PRAKI), one of the many causes of maternal mortality, is particularly concerning as the onset of acute kidney injury in an obstetric patient frequently heralds rapid clinical deterioration that necessitates the use of various types of life support and ICU admission. In literature, acute kidney injury that occurs during pregnancy or within 42 days after delivery is referred to as PRAKI. There are regional differences in the PRAKI epidemiology. In developing nations, sepsis, hemorrhage and severe preeclampsia are the main causes of PRAKI, whereas in developed nations, diabetes, hypertension and thrombotic microangiopathies are the main causes. Our study's goal was to identify the root causes of PRAKI and how they affected patients' clinical outcomes.

Methodology and theoretical orientation: It was a prospective, observational study conducted in King George's Medical University, Lucknow, India from 1 February 2021 to 30 April 2022. All obstetric patients presenting with acute kidney injury (as per KDIGO 2012 guidelines) were included. Their demographic variables, causes of PRAKI, Life support given (if required) and their outcomes were recorded in a case report form. Some patients also underwent renal biopsy as per the indication. The data of these patients were followed for duration of 3 months.

Findings: We found that, Pre-eclampsia/Eclampsia/HELLP were the most common causes accounting for 32.5% cases, which was followed by hemorrhagic shock (24.7%) and sepsis (23.5%). We also found 24.7% mortality among PRAKI patients.

Conclusion: We discovered that individuals with PRAKI who require dialysis have a four times higher chance of death than PRAKI patients who do not and sepsis was the leading cause of death. Additionally, PRAKI patients in shock had the highest mortality rates (odds ratio 27.45; CI 3.39-222.49). These findings emphasize the necessity of transferring PRAKI patients to dialysis-capable facilities as soon as possible and also emphasize the significance of improving local prenatal care.

Biography

Medhavi Gautam, a proud mom of two toddlers, is working as an Associate Professor in the Department of Internal Medicine at King George's Medical University, Lucknow, India. She did her post-graduation in Internal Medicine and later gained expertise in the field of Nephrology by completing her basic training of three years as a Senior Resident in the Department of Nephrology at the Sanjay Gandhi Post Graduate Institute of Medical Sciences, India. With her experience, she has distinguished herself in providing basic as well as advanced care to renal failure patients. In addition to her regular duties of running nephrology clinics, managing inpatients and performing various procedures like renal biopsy and internal jugular catheter insertion; she successfully manages to run various awareness programmes on different occasions (like World Kidney Day).