

Renal-replacement timing has no effect in kidney injury, sepsis

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was stopped early for futility. The researchers found that 58 percent of patients in the early-strategy group and 54 percent in the delayed-strategy group had died ($P = 0.38$). Thirty-eight percent of patients in the delayed-strategy group did not receive renal-replacement therapy. Seventeen percent of [patients](#) in the delayed-strategy group met the criteria for emergency renal-replacement therapy.

"This trial showed no significant difference in mortality between a strategy of early initiation of renal-replacement [therapy](#) and a strategy of delayed initiation," the authors write.

Two authors disclosed financial ties to the pharmaceutical industry.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

(HealthDay)—For patients with early-stage septic shock and severe acute kidney injury, 90-day mortality does not differ for patients randomly assigned to an early strategy for initiation of renal-replacement therapy versus a delayed strategy, according to a study published in the Oct. 11 issue of the *New England Journal of Medicine*.

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Saber D. Barbar, M.D., Ph.D., from the Centre Hospitalier Universitaire de Nîmes in France, and colleagues conducted a trial involving patients with early-stage septic shock who had severe [acute kidney injury](#) at the failure stage of the risk, injury, failure, loss, and end-stage kidney disease classification system. Patients were randomly assigned to receive renal-replacement therapy within 12 hours after documentation of failure-stage acute kidney injury (early [strategy](#)) or after a 48-hour delay if renal recovery had not occurred (delayed strategy); follow-up data at 90 days were available for 477 patients.

After the second planned interim analysis, the trial

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