

AKI common in hospitalized patients with COVID-19

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leukocyturia, respectively. Chronic kidney disease, male gender, and higher serum potassium at admission were independent predictors of severe AKI. In-hospital mortality was 50 and 8 percent among those with and without AKI, respectively (adjusted odds ratio, 9.2). Thirty-five percent of survivors with AKI who were discharged had not recovered to baseline kidney function by the time of discharge.

"The sheer number of AKI cases, and the overwhelming need for dialysis that we are seeing in the context of COVID-19, is unprecedented," a coauthor said in a statement. "These findings may help [health systems](#) prepare for the high rates of renal dysfunction in incoming COVID-19 patients."

Several authors disclosed financial ties to the pharmaceutical industry.

More information: [Abstract/Full Text](#)

(HealthDay)—Acute kidney injury (AKI) is common in hospitalized patients with COVID-19 and is associated with increased in-hospital mortality, according to a study published online Sept. 3 in the *Journal of the American Society of Nephrology*.

Lili Chan, M.D., from the Icahn School of Medicine at Mount Sinai in New York City, and colleagues conducted a retrospective observational study involving hospitalized patients with laboratory-confirmed COVID-19. The frequency of AKI and outcomes were examined for 3,993 hospitalized patients.

The researchers found that AKI occurred in 46 percent of the patients, and 19 percent of those with AKI required dialysis. Of those with AKI, 39, 19, and 42 percent of patients had stages 1, 2, and 3 AKI, respectively. Overall, 24 percent of patients were admitted to the [intensive care unit](#); 76 percent of these patients experienced AKI. Of the 435 patients with AKI and urine studies, 84, 81, and 60 percent had proteinuria, hematuria, and

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