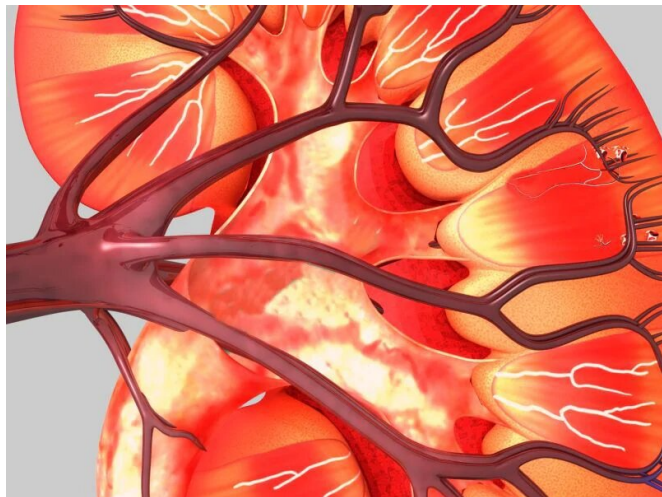


Acute kidney injury ups risk for death in COVID-19 patients

24 September 2020



without AKI (hazard ratios, 5.6 and 11.3, respectively). This risk for death remained higher among those with AKI non-KRT (adjusted hazard ratio, 3.4) and AKI-KRT (adjusted hazard ratio, 6.4) versus those without AKI, after adjusting for demographics, comorbidities, and illness severity. For surviving patients with AKI non-KRT, 74.1 percent achieved kidney recovery by the time of discharge, whereas among survivors with AKI-KRT, 30.6 percent remained on dialysis at discharge. Prehospitalization [chronic kidney disease](#) was the only independent risk factor associated with needing dialysis at discharge (adjusted odds ratio, 9.3).

"Regardless of need for dialysis or kidney recovery at discharge, hospitalized COVID-19 patients who experience any form of AKI should probably be followed closely postdischarge to assess ongoing kidney function," the authors write.

(HealthDay)—Acute kidney injury (AKI) in hospitalized patients with COVID-19 is associated with a significantly higher risk for in-hospital death, according to a study published online Sept. 19 in the *American Journal of Kidney Diseases*.

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

Jia H. Ng, M.D., from the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell in Great Neck, New York, and colleagues assessed survival and kidney outcomes in 9,657 [adult patients](#) hospitalized with COVID-19 at 13 hospitals in metropolitan New York between March 1, 2020, and April 27, 2020.

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The researchers found that the AKI incidence rate was 38.4 per 1,000 patient-days. The incidence rate of in-hospital death among [patients](#) without AKI was 10.8 per 1,000 patient-days versus 31.1 for patients with AKI not requiring kidney replacement therapy (AKI non-KRT) and 37.5 for patients with AKI receiving KRT (AKI-KRT). The risk for in-hospital death was higher for patients with AKI non-KRT and AKI-KRT versus those

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