

## April 27(Thu) - 30(Sun), 2023 Coex, Seoul, Korea

Submission No.: AKJS-9161

Session Title: AKI: KSN-KSCCM Joint symposium

Date & Time, Place: April 29 (Sat), 08:30 - 10:30, Room 4

## Impact of RRT on Clinical Outcomes in AKI

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Renal replacement therapy (RRT) is the cornerstone for managing patients with severe acute kidney injury (AKI). However, the operation policies of RRT including initiation timing and modality are still debatable especially in critically ill patients with AKI. Many observational studies and randomized controlled trials (RCTs) showed comparable mortality rates and renal recovery regardless of the initiation timing and modality. These data may be attributed to various and complex medical conditions of the enrolled patients as well as unstandardized protocols of RRT operation. Standardization of RRT protocols is a difficult issue because the gap between renal capacity and metabolic demand depending on both underlying comorbidities and the overall patient condition critically affects the necessity and outcome of RRT in critically ill patients with AKI. A recent RCT comparing two delayed strategies for RRT initiation in patients with severe AKI reported that more-delayed strategy was associated with increased 60-day mortality, supporting the importance of timely RRT in these patients.

In this session, we will overview the impact of RRT on clinical outcomes in AKI focusing on 1) mortality, 2) renal outcome, and 3) real-world data in Korea.