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Incidence and Short-Term Outcome of Acute Kidney Injury in Critically Ill Patients in Southern Nigeria: A Multi-Centre Retrospective Study

Incidence et Résultats à Court Terme de l'Insuffisance Rénale Aiguë chez les Patients en Soins Intensifs dans le Sud du Nigeria : Une Étude Rétrospective Multicentrique

^{1,2}O. G. Egbi, ³O. A. Adejumo, ^{4,5*}O. C. Okoye, ⁶S. D. Ahmed,
³S. S. Owolade, ^{4,5}O. G. Edema, ²V. O. Ndu, ⁶C. Erohubie

ABSTRACT

BACKGROUND AND OBJECTIVES: Despite the burden and severity of AKI in ICU patients, there is limited epidemiologic information in Sub-Saharan Africa. Epidemiologic data on AKI in critically ill patients are required to advocate for government health policies that will reduce the burden of AKI.

This study determined the incidence, aetiologies, and short-term outcomes of AKI in ICU patients in Southern Nigeria.

METHODS: A multi-centre retrospective descriptive study of all patients with medical conditions, who developed AKI in the ICU of the participating hospitals during the study period. Data collected include socio-demographics, hospital-related data such as duration of stay in ICU, past and current medical history, and outcome of illness.

RESULTS: Out of 473 cases, AKI was diagnosed in 203 (42.9%). Seventy-three (36.0%) were oliguric, 50.2% had non-oliguric AKI, while it was not specified in 13.8% patients. The most common causes of AKI were hypovolaemia (34.0%) and sepsis (27.6%). Factors associated with the development of AKI were sepsis [AOR:6.17; CI:2.33–16.32; $p = <0.001$] and need for inotropes [AOR:2.03; CI:1.34–3.94; $P = 0.003$]. Although dialysis was indicated in 34 (16.7%) of the AKI patients, 58.8% of them received it. One hundred and sixteen (57.1%) of the AKI patients were discharged with full renal recovery, while 40.9% died.

CONCLUSION: Four out of every 10 patients admitted into the ICU developed AKI, and the common aetiologies were hypovolaemia and sepsis. Regular critical care training is required to effectively identify at-risk patients and to take prompt measures towards mitigating these risks. **WAJM 2025; 42 (4): 290-297**

KEYWORDS: Acute kidney injury, Intensive care unit, Critical care, Renal outcomes, Dialysis.

RÉSUMÉ

CONTEXTE ET OBJECTIFS: Malgré la gravité de l'insuffisance rénale aiguë (IRA) chez les patients en unité de soins intensifs (USI), les informations épidémiologiques sont limitées en Afrique subsaharienne. Ces données sont essentielles pour appuyer les politiques sanitaires gouvernementales visant à réduire le fardeau de l'IRA. Cette étude vise à déterminer l'incidence, les causes et les résultats à court terme de l'IRA chez les patients en soins intensifs dans le sud du Nigeria.

MÉTHODOLOGIE: Il s'agit d'une étude descriptive rétrospective multicentrique portant sur tous les patients atteints de pathologies médicales ayant développé une IRA dans les USI des hôpitaux participants durant la période d'étude. Les données recueillies comprennent les caractéristiques sociodémographiques, la durée de séjour en USI, les antécédents médicaux et l'issue de la maladie.

RÉSULTATS: Parmi 473 cas, l'IRA a été diagnostiquée chez 203 patients (42,9 %). Soixante-treize (36,0 %) étaient oligurique, 50,2 % souffraient d'IRA non oligurique, et le type n'a pas été précisé chez 13,8 % des patients. Les causes les plus fréquentes étaient l'hypovolémie (34,0 %) et la septicémie (27,6 %). Les facteurs associés à la survenue de l'IRA comprenaient la septicémie [OR ajusté : 6,17 ; IC : 2,33–16,32 ; $p < 0,001$] et le recours aux inotropes [OR ajusté : 2,03 ; IC : 1,34–3,94 ; $p = 0,003$]. La dialyse était indiquée pour 34 patients (16,7 %), dont 58,8 % en ont bénéficié. Cent seize patients (57,1 %) ont quitté l'hôpital avec une récupération rénale complète, tandis que 40,9 % sont décédés.

CONCLUSION: Quatre patients sur dix admis en USI ont développé une IRA, principalement liée à l'hypovolémie et à la septicémie. Une formation régulière en soins critiques est nécessaire pour identifier efficacement les patients à risque et intervenir rapidement afin de réduire ces risques. **WAJM 2025; 42 (4): 290-297**

MOTS-CLÉS: Insuffisance rénale aiguë, Unité de soins intensifs, Soins critiques, Récupération rénale, Dialyse.

¹Nephrology Unit, Department of Internal Medicine, Niger Delta University, Amassoma, Bayelsa State, Nigeria.

²Nephrology Unit, Department of Internal Medicine, Federal Medical Centre, Yenagoa, Bayelsa State, Nigeria

³Department of Internal Medicine, University of Medical Sciences, Ondo State, Nigeria

⁴Department of Internal Medicine, Delta State University, Abraka, Delta State.

⁵Nephrology Unit, Department of Internal Medicine, Delta State University Teaching Hospital, Oghara, Delta State, Nigeria

⁶Department of Medicine, Irrua Specialist Teaching Hospital, Irrua, Edo State, Nigeria

Corresponding Author: Ogochukwu Chinedum Okoye, Nephrology Unit, Department of Internal Medicine, Delta State University Teaching Hospital, Oghara, Delta State, Nigeria. Email: ogonwosu2002@yahoo.com