

Yoğun Bakımda Akut Böbrek Hasarı ve Renal Replasman Tedavisi

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| Tanım

Akut böbrek hasarı (ABH) günler hatta saatler içinde gelişebilen glomerüler filtrasyon hızının (GFH) ve/veya idrar çıkışının azalmasıdır. Üremik toksinlerin ve nitrojen yıkım ürünlerinin eliminasyonundaki ani azalma ile seyreden bu tablo eskiden *akut böbrek yetmezliği* olarak isimlendirilmişti. Ancak son yıllarda yapılan standart tanımlamalar ile *akut böbrek hasarı* terimi kullanılmaya başlanmıştır. Çalışmalarda kullanılan tanı kriterlerindeki farklılıklar, sosyoekonomik düzeyi farklı ülkelerde sıklığın çok farklı olması ve bazı çalışmalarda idrar çıkışındaki azalmanın tanı kriteri olarak değerlendirilmemesi nedeniyle insidansı yapılan çalışmalarda farklılık göstermekle birlikte hastane başvurusunda %5-15 olan sıklık yoğun bakımda yatan hastalarda ise %15 ila 60 arasında değişkenlik göstermektedir(1-5).

ABH tanımı için geçmişte RIFLE (*risk, injury, failure, loss, end-stage kidney disease*) sınıflandırması ve AKIN (*Acute Kidney Injury Network*) tanımlaması mevcut iken 2012 yılında KDIGO (*Kidney Disease: Improving Global Outcomes*) tarafından eski tanımlamaların harmonize edilmiş hali yayımlanmıştır (Tablo 1) (6). Serum kreatinin düzeyinde 48 saat içinde $\geq 0,3$ mg/dl artış ve/veya son 7 gün içinde serum kreatinin değerinde bazale göre $\geq 1,5$ kat artış ve/veya idrar çıkışının 6 saat süre ile < 0.5 ml/kg/sa olması akut böbrek hasarı olarak tanımlanmıştır.

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faydalı olması için 24 saat neredeyse sürekli tedavinin devam etmesi gerekmektedir. Sıklıkla tromboza bağlı filtrede tıkanma görülmektedir. Bu tip tedavi kesintileri etkinliği azaltmaktadır. KDIGO son kılavuzda SRRT’de atık hacminin 20-25 ml/kg/sa dozunda olmasını önermektedir(6) SRRT’de ultrafiltrasyon miktarı saatlik olarak ayarlanır. Anurik bir hastada 50 cc/sa net ultrafiltrasyon hedeflenmelidir. Hastanın saatlik aldığı sıvılar ve saatlik kaybı (idrar, drenaj sıvıları vs.) göz önünde bulundurularak net UF planlanmalıdır. Saatlik değişkenlikler göz önünde bulundurularak hastanın UF miktarı da aynı şekilde değiştirilebilir.

| Sürekli Düşük Verimli Diyaliz

Uzun süreli aralıklı renal replasman tedavisi (*prolonged intermittent renal replacement therapies*, PIRRT) olarak da isimlendirilen sürekli düşük verimli diyaliz (*sustained low-efficiency dialysis*-SLED) tedavisi konvansiyonel hemodiyaliz cihazları kullanılarak uygulanan hibrit bir tedavi şeklidir. Hemodinamik fayda sağlamak amacı ile seanslar 6-18 saat uzunluğunda yapılır. Diyalizat akım hızı ise 100-300 ml/dk arasında değişebilir. SRRT gibi yüksek maliyetli olmaması ve hemodinami- si stabil olmayan hastalarda aralıklı HD’ye göre daha fazla tolere edilmesi nedeni ile tercih edilebilir(45-47). Yapılan çalışmalarda seans süresi, kan akım hızı ve diyalizat akım hızlarında farklılıklar bulunmaktadır. Bu nedenle tedavi reçetesi için hastanın hemodinamisi ve katabolizması göz önünde bulundurulmalıdır.

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