

Category : **Renal: failure**

**A233 - Risk factors of acute kidney injury after lung transplant recipients in early postoperative period**

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**Introduction:**

Introduction: Acute kidney injury (AKI) after lung transplant (LTx) is the one of the most serious complications, connected to increased mortality and morbidity. Identification of predisposing factors can improve standards of care and outcome.

**Methods:**

Methods: Retrospective analysis of 27 consecutive LTx recipients in Silesian Centre for Heart Diseases in Zabrze, Poland operated in 2015 and 2016. The level of AKI according to KDIGO guidelines was noted in 7 postoperative days period. Patients were divided according to KDIGO level 1 and 2 – (group A – 9 patients)) and 3 (group C – 14 patients). One patient died and was excluded from analysis.

**Results:**

Results: AKI was developed by 23 of 26 analysed subjects (88.46%). Level 1 was noted in 3 cases (11.54%) and Level 2 in 6 (23.08%). Serious AKI - 14 patients (53.85%) and 4 of them needed renal replacement therapy. We did not find differences in preoperative creatinine levels. Patients did not differ according do age sex and BMI between groups. Group C subjects more often suffer from pulmonary hypertension (9 vs 3 p=0.146) and diabetes (5vs 1 p=0.123), but it does not reach statistical significance. In group C additionally operation tends to last longer, be more often performed with the use of cardiopulmonary bypass and patients need more transfusions.

**Conclusion:**

Conclusions: It seems to be probable that pulmonary hypertension and diabetes could be significant risk factor of high-grade acute kidney injury development after lung transplantation  
Identification of factors modifying renal insufficiency development in lung transplant recipients needs further investigations