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CHARACTERISTICS AND CLINICAL OUTCOMES OF SEVERE ACUTE KIDNEY INJURY PATIENTS WHO UNDERWENT EARLY RENAL REPLACEMENT THERAPY VS. CONSERVATIVE MANAGEMENT: A SINGLE-CENTER RETROSPECTIVE COHORT STUDY



(Article No. 105663)

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Introduction: Background: Severe acute kidney injury (AKI) poses a significant clinical and economic burden, especially in resource-limited settings. The optimal timing for initiating renal replacement therapy (RRT) remains uncertain.

Aim: To compare the characteristics and clinical outcomes of patients with severe AKI managed with early RRT versus conservative management at a tertiary hospital in the Philippines.

Methods: This single-center retrospective cohort study included 669 adult patients with KDIGO stage 3 AKI from 2021–2025. Patients were categorized into early RRT (initiated within 24 hours of diagnosis) or conservative management (medical treatment with or without delayed RRT). Outcomes included in-hospital mortality, renal recovery, and dialysis dependence. Logistic regression was used to adjust for confounders.

Results: Early RRT was initiated in 16% of patients. There were no statistically significant differences in in-hospital mortality (16% vs. 24%; $p = 0.063$), renal recovery (21% vs. 30%; $p = 0.107$), or dialysis dependence (29% vs. 30%; $p = 0.879$) between early and conservative management groups.

Conclusion: Early initiation of RRT did not confer significant clinical benefits over conservative management in severe AKI. In resource-constrained settings, a symptom-guided, individualized approach may help reduce unnecessary RRT without compromising outcomes.

I have no potential conflict of interest to disclose.

I used generative AI and AI-assisted technologies in the writing process.

During the preparation of this work the authors used ChatGPT in order to ask if some sentences can be improved to make some paragraphs more cohesive and concise. After using this tool/service, the authors reviewed and edited the content as needed and take full responsibility for the content of the publication.

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EXAMINING VARIATIONS IN ADHERENCE TO GUIDELINE-RECOMMENDED POST-ACUTE KIDNEY INJURY CARE IN PRIMARY CARE IN ENGLAND: A POPULATION-BASED COHORT STUDY



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Introduction: Tackling the harms associated with Acute Kidney Injury (AKI) is a global priority. AKI affects around half a million people in England each year, contributing to 7 in 100 unplanned hospital admissions. However, despite the high risk of complications and a decade of improvement initiatives in the United Kingdom, little is known about the quality of post-discharge follow-up care for people affected by AKI. Our population-based study investigated adherence to guideline-recommended post-AKI care in general practices in England. **Methods:** Using English hospital admission data (2017–2021), we created a cohort of discharged patients (≥ 18 years) with a hospital diagnostic code of AKI. Using linked Clinical Practice Research Data-link Aurum primary care data, we examined the percentages of AKI episodes meeting criteria representing high quality post-AKI care, covering: diagnostic coding of AKI in primary care, post-discharge primary care contacts, monitoring blood pressure and kidney health status, and guideline-indicated prescribing. Variations according to demographic and clinical characteristics were quantified using binomial mixed regression.

Results: 209,222 patients (48.0% females; mean age 74.1 years) were included, representing 279,187 AKI inpatient episodes. Only 19.5% of episodes had AKI coded in primary care within 30 days of discharge, while 72.6% having a documented contact with their general practice. At 90±30 days after discharge, serum creatinine was measured in 34.2% of episodes, blood pressure in 34.6%, and albumin-creatinine ratios in 4.2%. Testing was more common amongst older patients and those with comorbid conditions. Renin-angiotensin system inhibitor prescribing rates were low in patients likely to benefit.

Conclusion: There are multiple missed opportunities for identifying and improving patient care following hospital discharge after AKI. Rates of measuring albuminuria were particularly low, despite its strong association with subsequent kidney and cardiovascular events. The little post-AKI clinical activity amongst younger patients and those without comorbidities poses a barrier to the prevention and early intervention of chronic kidney diseases. Clearer arrangements at discharge, including case-specific guidance on discharge summaries, and the development and evaluation of concerted implementation strategies spanning secondary and primary care are needed.

A related abstract was presented at the Society for Academic Primary Care, Cardiff, United Kingdom, July 2025 (<https://sapc.ac.uk/doi/10.37361/asm.2025.1.1>)

I have potential conflict of interest to disclose.

All authors declare no financial conflicts of interest. Other declaration of interests: Thomas Blakeman - NHS England Think Kidneys Programme Board Member (2014–17); Royal College of General Practitioners' AKI Clinical Champion (2017–20); NHSE Renal Services Transformation Programme Post-AKI care Lead (2021–23); Specialist Committee Member for NICE AKI Quality Standard (QS76) (2022–23); Kidney Disease Improving Global Outcomes (KDIGO) AKI Guideline Work Group (2023–To date). Robbie Foy - Chair, Implementation Strategy Group, National Institute for Health and Care Excellence, UK.

I did not use generative AI and AI-assisted technologies in the writing process.

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A CASE OF AA AMYLOIDOSIS DERIVED FROM ADULT-ONSET STILL'S DISEASE SUCCESSFULLY TREATED WITH TOCILIZUMAB



(Article No. 105665)

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Introduction: Adult-onset Still's disease (AOSD) is a rare systemic inflammatory disease and renal involvement is relatively uncommon. We report a case of AOSD presenting with rapidly progressive glomerulonephritis (RPGN) and complicated by AA amyloidosis, which was successfully treated with Tocilizumab.

Methods: A 50-year-old woman. Thirteen years ago, she presented with fever, urticaria-like erythema, and generalized lymphadenopathy, leading to a diagnosis of AOSD. She was treated with prednisolone (PSL). During the course of the disease, she experienced multiple exacerbations, each treated with immunosuppressive therapy. In X year,