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Acute kidney injury in patients attending the infectious disease intensive care unit of the clinique de l'Ogooue Port-Gentil, Gabon

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Acute kidney injury is a frequent and potentially fatal complication in infectious diseases. The aim of this study was to investigate the clinical aspects of AKI associated with infectious diseases and the factors associated with mortality. This retrospective study was conducted in patients with AKI who were admitted to the intensive care unit (ICU) of the Clinique de l'Ogooue Port-Gentil, Gabon, from January 2013 to January 2017. The major underlying diseases and clinical and laboratory findings were evaluated. A total of 253 cases were included. The mean age was 46 ± 16 years, and 72% of the patients were male. The main diseases were human immunodeficiency virus (HIV) infection, HIV/acquired immunodeficiency syndrome (AIDS) (30%), tuberculosis (12%), malaria (11%) and Hepatitis B (4%). The patients were classified as risk (4.4%), injury (63.6%) or failure (32%). Mortality was higher in patients with HIV/AIDS (76.6%, p -value=0.02). A multivariate analysis identified the following independent risk factors for death: oliguria, metabolic acidosis, sepsis, hypovolemia, the need for vasoactive drugs, and the need for mechanical ventilation. AKI is a common complication in infectious diseases, with high mortality. Mortality was higher in patients with HIV/AIDS, most likely due to the severity of immunosuppression and opportunistic diseases.

Biography

Beltus Ngulefac is a Cameroonian born medical laboratory professional with ample experience in clinical diagnostic techniques. He completed a Higher Professional Diploma in Medical Laboratory Sciences from the St Louis University Institute of Health and Biomedical Sciences, Bamenda, Cameroon. He is presently Head of Clinical Laboratory Diagnosis at the Clinique de l'Ogooue Port-Gentil, Gabon.

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