

POSTER PRESENTATION

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Slow continuous dialysis treatment in septic shock caused by acinetobacter

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Background/Purpose

Acinetobacter baumannii blood stream infection has a high mortality rate of 50-60% for critical patients treated in ICUs [1]. The effect of continuous venovenous hemodiafiltration (CVVHDF) is described in patients with septic shock undergoing major abdominal surgery in this retrospective case series.

Methods

Septic shock (acinetobacter baumannii) and acute renal injury (AKI) was found in 14 of the 53 patients undergoing major abdominal surgery (colon resection, Whipple). CVVHDF in 6 patients, the intermittent hemodialysis (HD) was performed in 8 patients diagnosed with septic shock.

Results

In CVVHF group only 1 patient, in the intermittent HD group 2 patients had died. The duration of mechanical ventilation was 32.3 ± 3.8 days in the HD group, while was 23.8 ± 5.4 day in CVVHDF group. 3 patients who died had diabetes mellitus. APACHE II scores were significantly higher in the two groups. Repetitive operation due to anastomotic leakage was made in CVVHDF group 3 patients and in HD group 4 patients.

Discussion and Conclusion

Factors that increase mortality in patients with acinetobacter sepsis: reoperation, high APACHE II scores, mechanical ventilation, diabetes mellitus and acute renal failure [1]. Continuous renal replacement therapy has the advantage of achieving a more stable haemodynamic situation and an easier volume management compared to intermittent HD. Removal of cytokines is also provided easier with

CVVHDF [2]. It is concluded that mortality rate and the duration of mechanical ventilation was less in patients undergoing CVVHDF in present study.

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