



PREGNANCY ASSOCIATED ACUTE KIDNEY INJURY IN PATIENTS WITH HYPERTENSIVE DISORDERS OF PREGNANCY [HDP]

Obstetrics & Gynaecology

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KEYWORDS

BACKGROUND

Acute Kidney Injury is used to describe suddenly impaired renal function with retention of nitrogenous and other waste products normally excreted by kidneys. Hypertensive disorders of pregnancy complicates 3%-5% of all pregnancies, but incidence is higher in primigravida, and with certain risk factors such as diabetes mellitus, hypertension and chronic kidney disease. AKI occurs approximately 1% of women with severe Preeclampsia. Hypertensive disorders causing AKI mostly occurs in late second to third trimester. AKI most often develops in the complications of preeclampsia such as i) Placental abruption, ii) Disseminated intravascular coagulation (DIC), iii) Sepsis, iv) Postpartum hemorrhage or v) Intrauterine death.

Aims and Objectives

To estimate the incidence of pregnancy associated Acute Kidney Injury in patients with Hypertensive disorders of pregnancy and to follow up their renal outcomes.

Methods

It is a prospective study done in Pregnant women >32 weeks with Hypertensive disorders of pregnancy in the Department of Obstetrics & Gynecology, Govt Rajaji Hospital attached to Madurai Medical College, Madurai during the period between July 2021 to December 2021.

Results

In our study 42% of the patients age is between 19-25 years and 30% of patients is between 26-30 years, followed by 28% of patients age is between 31-35 years, (60%) are primigravida, 40% are Multigravida. The average blood urea levels before delivery were 27.05mg/dl, after delivery urea level increased to 43.84mg/dl. In our study the blood creatinine levels of the participants 59% were 1mg/dl to 2mg/dl, 25% were 2 to 3 mg/dl and 16% were >3mg/dl. In this study, severe preeclampsia was the most frequent etiology (50 cases) followed by preeclampsia 23 cases, followed by 13 cases eclampsia, 5 cases HELLP syndrome and sepsis 4 cases.

Conclusion

Pregnancy hypertensive complications, like preeclampsia, eclampsia /HELLP syndrome are the leading cause. Puerperal sepsis and obstetrical hemorrhage still account for AKI in the postpartum period in addition to Preeclampsia/HELLP syndrome. The implementation of specific intervention for the prevention and management of sepsis and hypertensive complications in pregnant women may decrease the burden of Pregnancy associated AKI.

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