

Contrast Associated Acute Kidney Injury (CA-AKI): Update

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Abstract

In recent literature, the frequency of Contrast Associated Acute Kidney Injury (CA-AKI) after primary percutaneous coronary intervention (PCI) is reported to range from 10.4% to 23.2%. CA-AKI after primary PCI can lead to 4 to 8 fold increased risk of in-hospital mortality. Intravenous iodinated contrast media (ICM) are commonly used with CT to evaluate disease & to determine treatment response. Although patients have benefited from their use, CM historically have been denied or delayed in pts with ↓ kidney function due to the perceived risks of AKI. This is important because denying patients diagnostic testing that is indicated in a timely fashion creates potential for indirect harm related to delayed diagnosis & misdiagnosis.

Because of the critical role CM play in modern medical imaging, clinicians & radiologists are routinely charged with balancing the potential risks of CM with diagnostic benefits. Clinical decision making in pts potentially at risk for AKI is often fraught with confusion, uncertainty, & heterogeneity. The data will be mentioned in this presentation should be considered in the context of the entire clinical scenario.

Received: April 07, 2022; **Accepted:** April 14, 2022; **Published:** April 21, 2022

Biography

Said Khamis has completed his MSc degree in KUL, Menoufia University Hospitals in Egypt. He is working as Belgium. He is also the Head of Nephrology Division in the the professor of medicine and nephrology.

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