

EVALUATION OF DIFFERENTIATING AND PROGNOSTICATING VALUE OF URINE NGAL (NEUTROPHIL GELATINASE-ASSOCIATED LIPOCALCIN) AND URINE IL-18 (INTERLEUKIN 18) IN DECOMPENSATED CIRRHOSIS PATIENTS WITH ACUTE KIDNEY INJURY

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Poster

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Urine NGAL and IL-18 accurately differentiate acute tubular necrosis from other AKI subtypes in decompensated cirrhosis patients but do not independently predict AKI resolution or in-hospital mortality.

KEY POINTS

- In 81 decompensated cirrhosis patients with AKI, urine NGAL demonstrated an AUROC of 0.9 and urine IL-18 an AUROC of 0.88 for distinguishing ATN from non-ATN AKI subtypes, with optimal cut-offs of 236.3 ug/g creatinine and 108.75 pg/ml respectively.
- Mean urine NGAL levels were significantly higher in ATN (396.4 ug/g creatinine) compared to HRS (206.6) and PRA (109.7), and mean urine IL-18 was highest in ATN (139.3 pg/ml) versus HRS (85.6) and PRA (39.8).
- Neither biomarker independently predicted AKI resolution or in-hospital mortality in multivariate regression analysis, with poor AUROCs for AKI resolution (NGAL 0.211, IL-18 0.185) and modest AUROCs for mortality (NGAL 0.654, IL-18 0.641).
- ATN patients had the worst outcomes with 50% mortality and only 40% AKI resolution, compared to HRS (8.1% mortality, 81% resolution) and PRA (16.7% mortality, 95.8% resolution).
- This prospective study enrolled patients with AKI stage IB or higher who received standardized volume expansion with human albumin, with biomarkers measured on day 3 after AKI diagnosis.

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