

Abstract:-

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Changes in the serum Creatinine and serum Urea are not sensitive for an early diagnosis of acute kidney injury. The aim of this study was to evaluate the role of kidney injury molecule-1 (KIM-1) as an early marker for acute kidney injury (AKI) in critically ill patients as compared with those traditional markers. This study included 45 individuals: 30 critically ill patients and 15 healthy individuals who served as controls. All patients were prospectively followed up from the time of ICU admission. Blood and urine samples were collected simultaneously at predetermined time points: at the time of ICU admission, 6 h after arriving, 12 h after arriving, and daily thereafter for the next 2 days. KIM-1 can detect AKI as early as 6 h from its occurrence and before the elevation of traditional markers. KIM-1 is (unlike traditional markers) not influenced by age, sex, and BMI. KIM-1 can share in the early diagnosis of sepsis-associated AKI. KIM-1 level was found to be a reliable indicator of morbidity and mortality in critically ill patients with acute kidney injury.

Keywords:

Acute kidney injury, critically ill patients, ICU, kidney injury molecule-1, serum Creatinine, serum Urea and acute kidney injury.