

2nd International Conference on **Retroviruses and Novel Drugs**

June 30-July 01, 2016 Cape Town, South Africa

Acute kidney injury and prognosis in hospitalised HIV-infected adults by TDF exposure

Faheem Seedat

Department of Internal Medicine, University of Witwatersrand, South Africa

Objective: There is limited data describing acute kidney injury (AKI) in HIV-infected adult patients in resource-limited settings where increasingly, tenofovir (TDF), which is potentially nephrotoxic, is prescribed. We describe risk factors for, and prognosis of AKI in HIV-infected individuals receiving and naïve to TDF.

Methods: This was a prospective case cohort study of hospitalized HIV-infected adults with AKI (as defined by the 2012 KDIGO Clinical Practice Guideline for AKI) stratified by TDF exposure. Adults (≥ 18 years) were recruited: clinical and biochemical data was collected at admission; their renal recovery, discharge or mortality was ascertained as an in-patient and, subsequently, to a scheduled 3-month follow-up.

Results: Amongst this predominantly female (61%), almost exclusively black African cohort of 175 patients with AKI, 93 (53%) were TDF exposed; median age was 41 years (IQR 35-50). Median CD4 count and VL and creatinine at baseline was 116 cells/mm³ and 110159 copies/ml, respectively. A greater proportion of the TDF group had severe AKI on admission (61% v 43% $p=0.014$); however, both groups had similar rates of newly diagnosed tuberculosis (TB) (52%) and NSAID (32%) use. Intravenous fluid was the therapeutic mainstay; only 7 were dialyzed. Discharge median serum creatinine (SCr) was higher in the TDF group ($p=0.032$) and fewer in the TDF group recovered renal function after 3-months ($p=0.043$). 3-month mortality was 27% in both groups but 55% of deaths occurred in hospital. Those that died had a higher SCr and more severe AKI than survivors; TB was diagnosed in 33 (70%) of those who died.

Conclusions: AKI was more severe and renal recovery slower in the TDF group; co-morbidities and prognosis were similar regardless of TDF exposure. Because TB is linked to higher mortality, TB co-infection in HIV-infected patients with AKI warrants more intensive monitoring. In all those with poor renal recovery, our data suggests that a lower threshold for dialysis is needed.

Biography

Faheem Seedat is a 3rd year resident in the Department of Internal Medicine at University of Witwatersrand. He is also currently enrolled for his Masters in Medicine at the University of Witwatersrand where his research is looking at the field of renal disease in patients with HIV.

faheem@global.co.za

Notes: