

**Asociación de la Fracción Excretada de Sodio (FENa) con
Lesión Renal Aguda en Pacientes Adultos en la Unidad
de Cuidados Intensivos en una Institución de Barranquilla**

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RESUMEN

El monitoreo de la función renal es esencial en la Unidad de Cuidados Intensivos, porque permite evaluar la lesión prerenal, dada la respuesta fisiológica del riñón de retener sodio con el fin de mantener la homeostasis corporal, la cual se ve afectada cuando se presentan estados patológicos cuando el paciente está internado en una Unidad de Cuidados Intensivos (UCI).

Objetivo: Determinar La Asociación de la Fracción Excretada de Sodio (FENa) con Lesión Renal Aguda en Pacientes Adultos en la Unidad de Cuidados Intensivos entre 2019 (noviembre, diciembre) y 2020 (enero) en Una Institución Barranquilla Atlántico.

Materiales y Métodos: Se realizó un estudio observacional, descriptivo de corte transversal de pacientes que desarrollaron AKI durante la internación en la UCI. Se estudiaron 19 pacientes de 150 que fueron seguidos. Se calculó la FENa y esta se comparó con los marcadores de función renal y la mortalidad asociada, y su relación con el Score de Fragilidad Clínica.

Resultados: La edad promedio fue de 46.5 ± 20.7 años, la relación hombre mujer fue de 1:1. La tasa de AKI en la UCI fue de 12.6%. Las patologías que desarrollaron AKI fueron principalmente las infecciones de foco mixto (pulmón y piel), seguido de las pulmonares. La mortalidad de los pacientes que desarrollaron AKI fue del 63%. El valor promedio del FENa fue de 3.6 ± 2.06 , encontrándose diferencia no significativa entre los pacientes con AKIN I y AKIN II. Al relacionar el FENa con el Score de Fragilidad se observó que al aumentar el score de fragilidad disminuía el FENa, sin ser significativa esta relación.

Conclusiones: La FENa es un marcador importante en la función renal, relacionándose indirectamente con la mortalidad y en mayor medida con el grado de AKIN.

Palabras clave: Injuria Renal Aguda; Fracción Excretada de Sodio; Unidad de Cuidados Intensivo, Clasificación AKIN, Sepsis.

ABSTRACT

Abstract

Monitoring renal function is essential in the Intensive Care Unit, because it allows evaluating pre-renal injury, given the physiological response of the kidney to retain sodium in order to maintain body homeostasis, which is affected when they occur pathological states where the patient needs to be admitted to an Intensive Care Unit (ICU) plus the association of acute kidney injury (AKI).

Objective: To determine the fractional excretion of sodium (FENa) in association with Acute Kidney Injury in adult patients in the Intensive Care Unit 2019 (November, December) and 2020 (January) in an Institution Barranquilla Atlántico.

Materials and Methods: A observational, descriptive, cross-sectional study of patients who developed AKI during ICU admission was carried out. 19 patients out of 150 who were followed up were studied. FENa were calculated and this was compared with markers of renal function and associated mortality, and its relationship with the Clinical Frailty Score.

Results: The average age was 46.5 ± 20.7 years, the male-female ratio was 1: 1. The AKI rate in the ICU was 12.6%. The pathologies that developed AKI were mainly infections with a mixed focus (lung and skin), followed by pulmonary. The mortality of patients who developed AKI was 63%. The mean value of the FENa was 3.6 ± 2.06 , finding a non-significant difference between the patients with AKIN I and AKIN II. When relating the FENa with the Frailty Score, it was observed that when the frailty score increased, the FENa decreased, without this relationship being significant.

Conclusions: FENa is an important marker in renal function, indirectly related to mortality and to a greater extent with the degree of AKIN.

Keywords: Acute Renal Injury; Sodium Excreted Fraction; Intensive Care Unit, AKIN Classification, Sepsis.

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