

Komentarz

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Acute renal failure (ARF) is a common complication after cardiothoracic surgery and in intensive care unit patients, associated with a very high mortality rate of 40-50%. Treatment by conventional dialysis or arteriovenous haemofiltration suffers from serious shortcomings. Fortunately in recent years severe acute renal failure associated with surgical disease and/or a highly catabolic state has posed a major therapeutic challenge: acute continuous haemodiafiltration (ACHD) consisting either of continuous arteriovenous haemodiafiltration or of continuous veno-venous haemodiafiltration are increasingly used in the management of such subjects. Continuous veno-venous haemodiafiltration used by the authors of the article offers superior azotemia control and a safe approach to renal replacement therapy, which is associated with low morbidity and an encouraging survival rate. Besides the morbidity and mortality benefits of this new form of continuous renal replacement therapy it still remains controversial but in my opinion this kind of therapy may be regarded as the treatment of choice in such patients.

The use of ACHD is associated with haemodynamic stability, rapid normalization of electrolytes, and the ability to freely administer drugs, blood, and/or blood products. It also allows for maintenance of an aggressive, nitrogen-rich nutritional regimen. Support of patients with acute renal failure using ACHD may also be achieved safely and, what is important, in most cases without the employment of additional dialysis-trained nursing staff. My own experience

and a review of the available literature strongly suggest that the advantages associated with the use of ACHD therapies are clinically significant and support the view that ACHD is the modality of renal replacement most suited to patients with acute renal failure. The superior adequacy of small solute clearance achieved during continuous veno-venous haemodiafiltration provides additional support for its preferential use in the management of acute renal failure.

To conclude, this method meets all the requirements of modern renal replacement therapy and ensures adequate filtration of nitrous metabolism products, corrects water-electrolyte and acid base balance, allows infusion/transfusion therapy and parenteral nutrition, and has no negative impact on haemodynamic values, which is particularly important after cardiovascular interventions.

References

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