

Hydration during PCI cuts risk of contrast-induced nephropathy

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Hydration during primary percutaneous coronary intervention is associated with a reduction in the risk of contrast-induced nephropathy, according to a study published in the May 1 issue of *The American Journal of Cardiology*.

(HealthDay)—Hydration during primary percutaneous coronary intervention (PPCI) is associated with a reduction in the risk of contrast-induced nephropathy (CIN), according to a study published in the May 1 issue of *The American Journal of Cardiology*.

In an effort to examine the role of hydration in prevention of CIN, Alfonso Jurado-Román, M.D., from University Hospital 12 de Octubre in Madrid, and colleagues conducted a prospective trial involving 408 consecutive patients with ST-segment elevation [myocardial infarction](#) undergoing PPCI. Participants were randomized to receive hydration with [isotonic saline](#) from the beginning of the procedure until 24 hours after it (NS+) or not (NS–).

The researchers identified CIN in 14 percent of patients: 21 percent in the NS– group and 11 percent in the NS+ group ($P = 0.016$). There were significant correlations for CIN with death (15.2 versus 2.8 percent; P

"Patients with CIN had increased mortality and need for dialysis," the authors write. "Given the higher incidence of CIN in emergent procedures, and its morbidity and mortality, preventive hydration should be mandatory in them unless contraindicated."

More information: [Abstract](#)
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