

Remote ischemic preconditioning cuts kidney injury risk

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(HealthDay)—Remote ischemic preconditioning can reduce the rate of acute kidney injury among high-risk patients undergoing cardiac surgery, according to a study published online May 29 in the *Journal of the American Medical Association*. The research was published to coincide with the European Renal Association-European Dialysis and Transplant Association Congress, held from May 28 to 31 in London.

Alexander Zarbock, M.D., from the University Hospital Münster in Germany, and colleagues conducted a randomized trial involving 240 patients at high risk for acute kidney injury who were undergoing cardiac surgery at four hospitals in Germany. Patients were randomized in a 1:1 ratio to receive remote ischemic preconditioning or sham remote ischemic preconditioning (control).



The researchers observed a significant reduction in acute kidney injury with remote ischemic preconditioning versus control (37.5 versus 52.5 percent; P = 0.02). Renal replacement therapy was received by fewer patients receiving remote ischemic preconditioning (5.8 versus 15.8 percent; P = 0.01). Furthermore, remote ischemic preconditioning correlated with a reduction in <u>intensive care unit</u> stay (three versus four days; P = 0.04). Remote ischemic preconditioning had no significant effect on myocardial infarction, stroke, or mortality, but correlated with a significant attenuation in the release of urinary insulin-like growth factor-binding protein 7 and tissue inhibitor of metalloproteinase 2 after surgery (P

"The observed reduction in the rate of <u>acute kidney injury</u> and the need for renal replacement warrants further investigation," the authors write.

Two authors disclosed financial ties to the biotechnology industry; two authors reported filing a patent application on the use of biomarkers together with remote ischemic <u>preconditioning</u>.

More information: Abstract

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