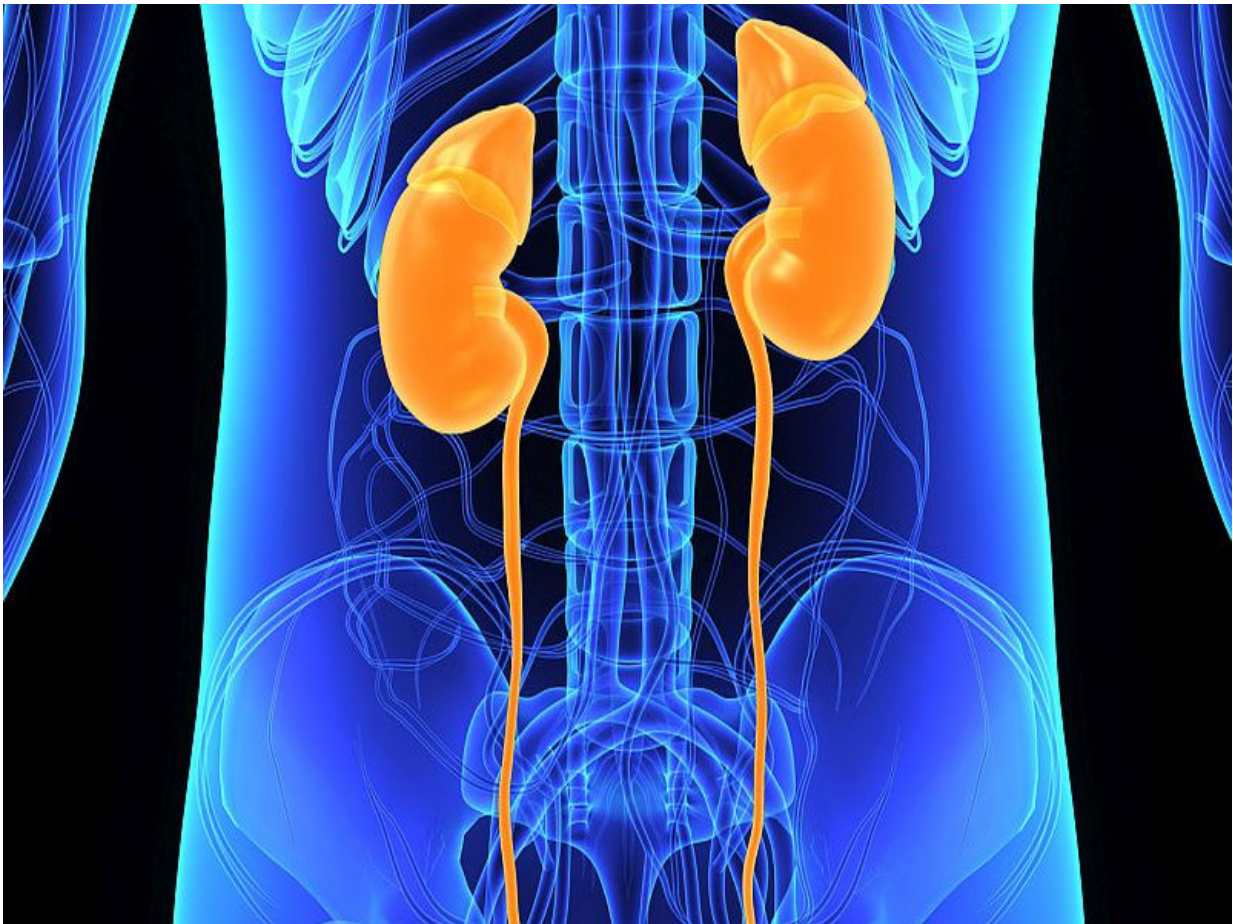


Furosemide plus matched hydration cuts contrast-induced AKI

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(HealthDay)—For high-risk patients undergoing percutaneous coronary

intervention or transcatheter aortic valve replacement, furosemide with matched hydration via the RenalGuard system may reduce the incidence of contrast-induced acute kidney injury (CI-AKI), according to a meta-analysis published in the Feb. 27 issue of *JACC: Cardiovascular Interventions*.

Alessandro Putzu, M.D., from the Cardiocentro Ticino in Lugano, Switzerland, and colleagues conducted a meta-analysis to examine whether furosemide with matched hydration using the RenalGuard System correlated with reduced CI-AKI in patients undergoing interventional procedures. Four trials published from 2011 to 2016 with 698 patients undergoing percutaneous coronary procedures and transcatheter [aortic valve replacement](#) were included in the analysis.

The researchers found that, compared with control treatment, RenalGuard therapy correlated with significantly reduced incidence of CI-AKI (7.76 versus 21.43 percent; odds ratio, 0.31), as well as a reduced need for renal replacement therapy (0.58 versus 3.45 percent; odds ratio, 0.19). There were no major adverse events among patients undergoing RenalGuard therapy.

"Further independent high-quality randomized trials should elucidate the effectiveness and safety of this prophylactic intervention in interventional cardiology," the authors write.

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