

# Renal-replacement timing has no effect in kidney injury, sepsis

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(HealthDay)—For patients with early-stage septic shock and severe

acute kidney injury, 90-day mortality does not differ for patients randomly assigned to an early strategy for initiation of renal-replacement therapy versus a delayed strategy, according to a study published in the Oct. 11 issue of the *New England Journal of Medicine*.

Saber D. Barbar, M.D., Ph.D., from the Centre Hospitalier Universitaire de Nîmes in France, and colleagues conducted a trial involving patients with early-stage septic shock who had severe [acute kidney injury](#) at the failure stage of the risk, injury, failure, loss, and end-stage kidney disease classification system. Patients were randomly assigned to receive renal-replacement therapy within 12 hours after documentation of failure-stage acute kidney injury (early [strategy](#)) or after a 48-hour delay if renal recovery had not occurred (delayed strategy); follow-up data at 90 days were available for 477 patients.

After the second planned interim analysis, the trial was stopped early for futility. The researchers found that 58 percent of patients in the early-strategy group and 54 percent in the delayed-strategy group had died (P = 0.38). Thirty-eight percent of patients in the delayed-strategy group did not receive renal-replacement therapy. Seventeen percent of [patients](#) in the delayed-strategy group met the criteria for emergency renal-replacement therapy.

"This trial showed no significant difference in mortality between a strategy of early initiation of renal-replacement [therapy](#) and a strategy of delayed initiation," the authors write.

Two authors disclosed financial ties to the pharmaceutical industry.

**More information:** [Abstract/Full Text \(subscription or payment may be required\)](#)



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