

Contrast induced acute kidney injury – is it a real problem these days?

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ABSTRACT

Acute kidney injury (AKI) is proven risk factor associated with higher mortality and morbidity among hospitalized patients. The widespread use contrast media opens the discussion about the acute kidney injury as a result of used contrast - contrast induced nephropathy (CIN). CIN is defined as an acute, generally reversible decline in renal function that occurs 48-72 hours after intravascular injection of contrast medium. Pre-existing renal insufficiency is characterised independent risk factor for occurrence of CI-AKI, other factors, such as diabetes mellitus, hypertension, advanced age or

hemodynamic instability increase the risk of AKI, but are not characterized as independent risk factors. Published new large retrospective single-center studies presented equal risk of AKI among patients receiving contrast enhanced computer tomography if compared to unenhanced computer tomography, based on serum creatinine levels. In our review we would like to present a persisting the problem of CIN after intravenous (iv) as well intra-arterial contrast media administration.

Key words: contrast media, contrast induced nephropathy, acute kidney injury

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