

# 住院肿瘤患者对比剂肾病的发病及预后相关危险因素分析

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**Title:** The incidence of contrast-induced nephropathy and analysis of related risk factors in patients with cancer

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**关键词:** 对比剂; 急性肾损伤; 肿瘤患者; 预后; 危险因素; 病因

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**摘要:** 目的: 探讨住院肿瘤患者对比剂肾病 (contrast-induced nephropathy, CIN) 的发病及预后情况, 寻找与预后相关的危险因素, 为深入认识肿瘤患者CIN的病因分布及临床特点, 改善肾脏及患者预后提供依据。方法: 应用医院病案信息系统筛选2016年1月至12月我院住院肿瘤患者, 选择病史资料完整的CIN患者组成研究队列, 回顾性分析CIN的发病率、病因及分布特点、患者及肾脏预后情况。Logistic回归分析影响CIN患者预后和肾脏预后的危险因素。结果: 住院肿瘤患者12 048例, 符合入选标准的CIN患者36例, 发病率为0.299%。36例CIN患者中有9例自动出院, 7例患者死亡, 存活的有20例; 15例CIN患者肾功能完全恢复, 5例部分恢复, 有16例肾功能不恢复。经分析, 急性肾损伤 (acute kidney injury, AKI) 分期影响CIN患者预后, 分期越高死亡率越高, 且合并低血压者死亡风险更大。经卡方检验提示年龄、AKI分期以及低血压均与CIN患者肾脏预后具有统计学意义, 但经多因素校正后仅AKI分期与CIN患者肾脏预后具有统计学意义, 多因素Logistic回归分析也提示相同结论。结论: CIN在住院肿瘤患者中具有一定发生率, 病死率较高。CIN可导致患者预后变差及肾脏功能损伤。CIN患者的AKI分期及低血压与患者预后直接相关, 而AKI分期是肾脏预后的相关危险因素。

**Abstract:** Objective: To investigate the prevalence and prognosis of patients with tumor in our hospital who were diagnosed with contrast-induced nephropathy (CIN) and to explore the related risk factors which may predict the prognosis and help to get insight of the distribution of etiology and clinical features in CIN. Methods: The patients with tumor and full histories were enrolled in the study as study subjects by our hospital medical record information system screening from Jan to Dec 2016. We analyzed the incidence of CIN, etiology and distribution characteristics, prognosis retrospectively. The Logistic regression models were used to analyze the risk factors which may influence the prognosis of CIN and renal function. Results: 36 patients were selected among 12 048 patients with tumor. The incidence of CIN was 0.299%. There were 9 patients gave up the treatment in the end and 7 patients died, 20 patients had lived through the whole therapy. 15 patients had recovered their renal function, 5 patients partly recovered, 16 cannot recover forever. By comparison we got to know that the stage of acute kidney injury (AKI) was associated with the prognosis of renal outcome, the higher stage always means more mortality, especially in patients with hypotension. Age, the stage of AKI and hypotension were all statistically correlated with renal outcome by Chi-square test. But after correction of multi-factor, AKI stage was statistically associated with renal outcomes of patients of CIN, the multi-factor Logistic regression analysis also suggests the same conclusion. Conclusion: The study found that the prognosis of patients with CIN can result poor and renal damage. The AKI stage and low blood pressure are directly related to the prognosis of patients with CIN, and AKI stage is an obvious risk factor for renal outcome.

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备注/Memo: -

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