Incidence and Risk Assessment of Contrast Induced Nephropathy in Patients Undergoing Contrast Enhanced Computed Tomography

DR DEVENDRA S. RAVAL ^{3RD} YR PGT, DPT. OF RADIODIAGNOSIS MGMMC&LSK HOSPITAL

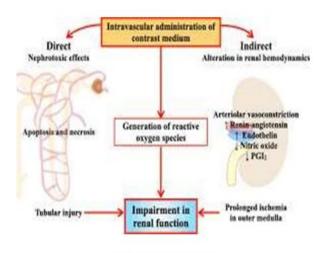
DR(HOD) M.D REZAUL KARIM DPT. OF RADIODIAGNOSIS MGMMC&LSK HOSPITAL

Date of Submission: 01-11-2022 Date of Acceptance: 12-11-2022

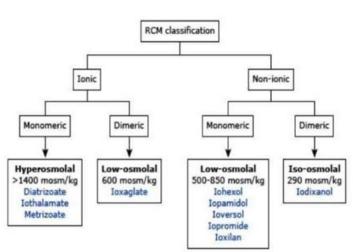
Background:

I.

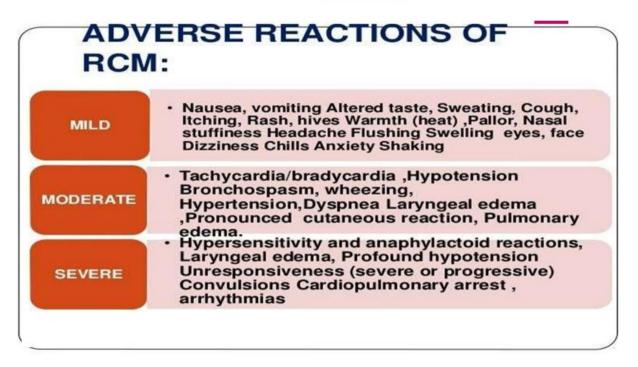
Contrast induced nephropathy is a major adverse event following use of non ionic and also ionic iodinated contrast medium. It is defined as an absolute (>0.3mg/dl) or relative (>25%) rise in eGFR and serum creatinine from baseline within 48 to 72 hours



PathophysiologyofCIN



RADIOCONTRASTMEDIUM



Signs and symptoms — immediate hypersensitivity reactions to RCM develop within one hour, and usually within five minutes of RCM administration. Signs and symptoms include :

- Flushing
- Pruritus
- Urticaria
- Angioedema
- · Bronchospasm and wheezing
- · Laryngeal edema and stridor
- · Hypotension and rarely shock
- Loss of consciousnes

II. Materials And Methods:

100 patients between the age group of 20 to 60 years were taken with normal renal function undergoing computed tomography scan with non ionic contrast. Patients were evaluated for 6 months

III. Result:

► Out of 100 cases 2(2%) showed increased creatinine value after CECT studies. Study showed direct relationship between using contrast media in CECT study and increase risk for developing contrast induced nephropathy.

IV. Conclusion:

► CIN is an important concern for radiologists. Intrinsic risk to iodinated contrast media should be identified in patients at risk of developing CIN and those requiring hospital care .

LIST OF REFERENCES:

- [1]. Mehran R, Nikolsky E. Contrast-induced nephropathy: definition, epidemiology, and patients at risk. Kidney Int Suppl 2006;100:S11-5.
- [2]. Meinel FG, De Cecco CN, Schoepf UJ, Katzberg R. Contrast-induced acute kidney injury: definition, epidemiology, and outcome. Biomed Res Int 2014;2014:859328.
- [3]. Rear R, Bell RM1, Hausenloy DJ. Contrast-induced nephropathy following angiography and cardiac interventions. Heart 2016;102:638-48.
- [4]. Moos SI, van Vemde DN, Stoker J, Bipat S. Contrast induced nephropathy in patients undergoing intravenous (IV) contrast enhanced computed tomography (CECT) and the relationship with risk factors: a meta-analysis. Eur J Radiol 2013;82:e387-99.
- [5]. Bhatt S, Rajpal N, Rathi V, Avasthi R. Contrast induced nephropathy with intravenous iodinated contrast media in routine diagnostic imaging: An initial experience in a tertiary care hospital. Radiology Res Prac 2016; 2016:8792984.
- [6]. Lee J, Cho JY, Lee HJ, Jeong YY, Kim CK, Park BK, et al. Contrast-induced nephropathy in patients undergoing intravenous contrast-enhanced computed tomography in Korea: a multi-institutional study in 101487 patients. Korean J Radiol2014;15:456-63.
- [7]. Mitchell AM, Jones AE, Tumlin JA, Kline JA. Incidence of contrast-induced nephropathy after contrast-enhanced computed tomography in the outpatient setting. Clin J Am Soc Nephrol 2010;5:4-9.
- [8]. Kooiman J, Pasha SM, Zondag W, Sijpkens YW, van der Molen AJ, Huisman MV, et al. Meta-analysis: serum creatinine changes following contrast enhanced CT imaging. Eur J Radiol2012;81:2554-61.
- [9]. Bhatt S, Rajpal N, Rathi V, Avasthi R. Contrast induced nephropathy with intravenous iodinated contrast media in routine diagnostic imaging: An initial experience in a tertiary care hospital. Radiology Res Prac 2016; 2016:8792984.