

## Choice of Kidney Replacement Therapy in AKI

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Acute kidney injury (AKI) is a common complication among patients in the intensive care unit. It is strongly associated with poor patient outcomes, including high mortality rates, prolonged hospital stays, increased readmissions, poorer health-related quality of life, and a higher likelihood of developing chronic kidney disease and end-stage kidney disease. Severe AKI in critically ill patients often requires kidney replacement therapy (KRT). KRT remains the cornerstone of care for patients with severe AKI, and the use of KRT for dialysis-dependent AKI continues to increase.

The choice of KRT in AKI patients is a multifaceted decision influenced by the severity of renal impairment, hemodynamic stability, the presence of comorbid conditions, and specific clinical indications. The current options for KRT include intermittent hemodialysis (including intermittent online hemofiltration/hemodiafiltration), prolonged intermittent KRTs, continuous kidney replacement therapy, and peritoneal dialysis, each with distinct advantages and limitations. All methods of KRT can be used in AKI and are considered equivalent. There is no evidence that any particular method is associated with better survival or a greater chance of recovery of kidney function.

Recent advances and ongoing research emphasize the importance of individualized KRT selection, considering patient-specific factors, resource availability, and institutional expertise.