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REPLY FROM THE AUTHORS: CARDIAC SURGERY– ASSOCIATED ACUTE KIDNEY INJURY—

FINDING THE GUNPOWDER

Reply to the Editor:

We are grateful to Ortega-Loubon and colleagues for their response. Cardiac surgery–associated acute kidney injury is a complex issue requiring a multifaceted approach, including prevention and interventional measures. In this regard, we would like to point out some aspects of the problem expressed in our commentary¹ on their study²:

1. The concept of “limited clinical significance” was directed to all monitoring systems that, although registering an event, do not allow a time window to undertake a preventive or interventional measure. We understand that “an opportune recognition is crucial for an optimal treatment”; at the same time, however, we learned from research on brain saturation monitoring that the identification of the sentinel event do not translate into effective therapeutic measures.^{3,4}
2. In cardiac surgery–associated acute kidney injury, prevention and intervention are equally important. Many factors involved in its pathogenesis are not or marginally modifiable (age, preoperative risk profile, pre-existent chronic kidney disease, cardiopulmonary bypass time). Moreover, therapeutic measures able to revert or arrest the progression of established damage are limited.
3. The extension of the monitoring period of kidney regional saturation beyond the intraoperative phase represents the most important characteristic of the study, as Ortega-Loubon and colleagues² demonstrated that renal damage can take place even in the absence of overt systemic hypoperfusion, prompting strict surveillance.

Keeping with the metaphor in our commentary, we are still lacking gunpowder against cardiac surgery–associated acute kidney injury.

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