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**Outcomes of critically ill patients with acute kidney injury and end-stage renal disease requiring renal replacement therapy: a case-control study**

Sir,

We agree with Rocha *et al.* that the outcomes of critically ill patients with acute renal failure are worse than those of critically ill subjects with established end-stage-renal-disease (ESRD) [1]. We also found that critically ill patients with acute renal failure had higher mortality than did critically ill patients with established ESRD (Figure 1). In addition, we documented that of the survivors in the acute renal failure group, 28% required dialysis at last follow-up, at an average time of 9 months after hospital discharge.

Our mortality rates are higher than those of Rocha *et al.*, probably because we considered only those on CRRT. Whereas Rocha *et al.* did not provide this information, we show that in survivors of acute renal failure, there is a considerable occurrence of long-term requirement for dialysis. This is yet a further burden of illness that emphasizes the adverse outcome of acute renal failure in critically ill patients.

![Fig. 1. Dialysis in ICU: mortality with acute renal failure or ESRD.](https://academic.oup.com/ndt/article-abstract/24/7/2290/1915168)

**Conflict of interest statement.** None declared.


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**Reply**

Sir,

We read Dr Hussain and Dr Cohen’s comments regarding our manuscript with care and attention [1]. Their results corroborate ours and may help to build up the evidence that, in the ICU setting, mortality of dialysis-dependent ESRD is significantly lower than that in AKI patients in need of renal replacement therapies (RRT). The establishment of this evidence may open the ICU doors to ESRD patients, concomitantly reaffirming the importance of diagnosis, attention and care of renal impairment during the course of acute illnesses to AKI patients’ outcomes. Nevertheless, the underlying causality of these intriguing results remains to be answered.

As mentioned, we did not include in our original manuscript [1] the renal function outcome of the AKI patients, considering that was beyond the aim of our study. However, from the 54 AKI patients studied, 50% survived and among them, 6 (22%) patients evolved to ESRD thereafter.

It is our understanding that the observed mortality in AKI patients is mainly related to a lack of diagnostic precision for AKI as well as the patients’ severity of illness, acute organ dysfunction and chronic heath status rather than the modality of renal RRT itself, as previously published [2,3].

We thank Dr Hussain and Dr Cohen for the opportunity to further discuss our results.

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