SP217 ACUTE RENAL INJURY IN PATIENTS AFTER BONE MARROW TRANSPLANTATION DUE TO MULTIPLE MYELOMA

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INTRODUCTION AND AIMS: Bone marrow transplantation (BMT) is one of the most effective treatments in patients with multiple myeloma (MM). On the other hand, in the immediate period after BMT, complications such as acute kidney injury (AKI) may occur, which have a long-term impact on the patient’s progression with MM. Aims: to evaluate the presence of AKI in patients with MM submitted to BMT; to identify the risk factors for AKI in these patients and to correlate the presence of AKI with the prognosis after transplantation.

METHODS: A retrospective, observational cohort study of 132 patients between January 2010 and August 2014 to perform BMT as a treatment for MM. The data collected were: creatinine values, light chain dosages (serum and urinary), type of chemotherapy treatment and BMT performed, most important complications of post BMT (sepsis, febrile neutropenia among others) and variables that included age, gender, race, BMI and associated morbidities. Serum creatinine (sCr) and estimated glomerular filtration rate (eGFR) data were recorded from hospital admission on BMT day and the highest Crs value during admission after BMT. The definition of LRA used was increased by sCr > 0.3 mg / dl from baseline. The data analyzed in the statistical program of SPSS and results presented in medians, maximum and minimum values and percentages, being considered significant if the p <0.05.

RESULTS: The most prevalent associated morbidities were: hypertension (31.8%) and diabetes mellitus (16.7%), renal function was preserved (eGFR > 90ml / min) in 87.9% of the patients at the time of BMT and the frequency of AKI during hospitalization was 16.03%, of the population after 40 months of follow-up and the probability of survival was 92.5% among patients without AKI vs 75.6% in patients with AKI. Patients diagnosed with AKI during follow-up had a 2.9-fold death risk higher than patients with AKI in the period of hospitalization after kidney transplantation.

CONCLUSIONS: The presence of AKI in patients submitted to BMT had no correlation with patients’ previous morbidities. The presence of AKI increased about three times the risk of mortality post BMT patients, even affecting the long-term survival of these patients.