ACCURACY OF RENAL FUNCTION ESTIMATING FORMULAS COMPARED TO IOHEXOL CLEARANCE IN CRITICALLY ILL CHILDREN

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Aims: Accurate assessment of renal function is crucial in intensive care. Our aim was to evaluate the performance of GFR estimating formulas based on serum creatinine, cystatin C and betatrace protein in comparison with the gold standard measured plasma iohexol clearance (CLiohex) in critically ill children. Methods: 40 critically ill children were included. After injection of a iohexol bolus, 6 blood samples were taken over a 360- minutes interval. Measured CLiohex was compared with 10 Screat- based, 10 CysC-based and 2 BTP-based eGFR formulas and 3 eGFR formulas combining the above biomarkers. Correlation was described using Passing-Bablok regression analysis. Agreement was assessed by Bland-Altman plots. Accuracy was determined as the percentage of GFR estimates within ± 10% and ± 30% of measured GFR by CLiohex. P30 accuracy >75% is considered sufficient, ideally, P30 should be >90%. Performance of eGFR formulas was also assessed separately in subgroups with CLiohex <100 ml/min/1.73m2 and >100 ml/min/1.73m2. Results: No adverse effects related to iohexol were observed. Median CLiohex was 121ml/min/1.73m2. Only 5 eGFR formulas showed an overall P30>75%. None of the eGFR formulas reached a P30>90% for the entire study population. Almost all eGFR formulas tended to overestimate true GFR. Formulas combining more than one biomarker outperformed formulas using only 1 biomarker. Combinations of 2 formulas showed a better performance with P30> 75% for half of the relevant combinations. Conclusion: Commonly used eGFR formulas show low to moderate accuracy compared with GFR measured by CLiohex. Combining eGFR formulas yields a higher accuracy to estimate GFR. CLiohex is a safe alternative to accurately determine renal function in PICU patients.