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Clinical Profile Of Acute Kidney Injury In Acute Febrile Illness With Thrombocytopenia.

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Acute febrile illness is defined as an acute febrile syndrome with oral temperature over 37.5 degree Celsius within last 24 hours and less than 2 weeks of duration with non-specific Symptoms that will not help us to localize to a particular system^{7,8,9,11}. The non-specific symptoms are like fever, rashes body pain, loose stools, vomiting, generalized body swelling, decreased urine output, headache, cough and breathlessness¹. Acute febrile illness with Thrombocytopenia is one of the most common causes of morbidity and mortality in Tropical countries like India^{2,3,4,5,6}. Acute kidney injury (AKI) due to Fever with Thrombocytopenia is one of the frequent, potential and fatal complication and cause for morbidity and mortality. This situation demands a better syndromic approach, early treatment and prevention of complications. AKI is common in diseases with Fever with Thrombocytopenia like Malaria, Dengue, Typhoid, Rickettsial fever, leptospira and Chikungunya infections^{10,11,12,13}. The acute kidney injury in case of tropical infections is mainly due to prerenal and intrarenal causes. Emergence of risk factors like international travel, migration, urbanization and global warming may be the cause for increased incidence of tropical infections associated with thrombocytopenia, thus leading to increased incidence of acute kidney injury^{1,2}.