

Which dialysis modality is most effective in treating acute kidney injury in COVID-19 patients?

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This rapid review summarizes the available evidence on the efficacy of various dialysis modalities in treating COVID-19 patients with acute kidney injury. This may change as new evidence emerges.

KEY FINDINGS

- Very low-quality evidence from a single retrospective study suggests that continuous renal replacement therapy (CRRT) may reduce mortality among COVID-19 patients on invasive mechanical ventilation. Guidelines recommend CRRT for critically ill patients because it lessens contact with healthcare workers and reduces the risk of transmission.
- Although uncommon, acute kidney injury (AKI) can occur in association with coronavirus disease 2019 (COVID-19) and is associated with increased in-hospital mortality.
- We found no published nor ongoing clinical trials directly comparing dialysis modalities for acute kidney injury in COVID-19 patients.
- Very low-quality and indirect evidence from a retrospective cohort of COVID-19 patients receiving invasive mechanical ventilation (n = 36) suggests an association between continuous renal replacement therapy (CRRT) and reduced mortality.
- Available clinical guidelines suggest considering the patient's clinical status and available resources in selecting a dialysis modality.
- Guidelines from the American Society of Nephrology suggest using CRRT whenever available for critically ill COVID-19 patients with AKI to minimize hemodialysis nurses' patient contact.

Declaration of Conflicts of Interest

We have no relevant conflicts to disclose.

Disclaimer: The aim of these rapid reviews is to retrieve, appraise, summarize and update the available evidence on COVID-related health technology. The reviews have not been externally peer-reviewed; they should not replace individual clinical judgement and the sources cited should be checked. The views expressed represent the views of the authors and not necessarily those of their host institutions. The views are not a substitute for professional medical advice.

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