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Title: Elevated creatinine is a sensitive severity marker in community acquired pneumonia

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Body: Background It is recognised that acute kidney injury (AKI), as classified by the International Kidney Disease Group Improving Global outcomes staging classification, is associated with increased 30-day mortality in patients with community acquired pneumonia (CAP). This study aimed to determine if increases in serum creatinine not meeting the criteria for AKI were associated with increased 30-day mortality. Methods A retrospective study of patients admitted over a 6 month period, with radiologically confirmed CAP, was performed in a teaching hospital. Baseline creatinine, admission creatinine, AKI severity and 30-day mortality were recorded. Results 210 patients (52% male, 48% female) were included in the study with a median age of 76 years. 26 (12.4%) patients met the criteria for AKI. 57 (27.1%) patients had rises in creatinine above baseline, but not meeting AKI criteria. As expected AKI scoring was associated with increased 30 day mortality.

Incidence of AKI and 30 day mortality rates

AKI staging	Number of Patients	30 Day Mortality
0	183 (87.1%)	28 (15.3%)
1	15 (7.1%)	4 (26.7%)
2	8 (3.8%)	4 (50%)
3	3 (1.4%)	2 (66.7%)

Table 1

Greater than 20% rises in creatinine above baseline were strongly associated with a higher 30 day mortality rate.

Log rank test $p=0.002$. Conclusions Creatinine rises as low as 20% above baseline in patients with CAP are associated with higher 30 day mortality rates than for patients without creatinine rises.