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LETTER

A Commentary on "A Comparison Between Two Different Definitions of Contrast-Associated Acute Kidney Injury for Long-Term Mortality in Patients with Chronic Kidney Disease Undergoing Coronary Angiography" [Letter]

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Dear editor

We have read with great interest the article titled "A Comparison Between Two Different Definitions of Contrast-Associated Acute Kidney Injury for Long-Term Mortality in Patients with Chronic Kidney Disease Undergoing Coronary Angiography".¹ While this study provides valuable contributions to the field, additional considerations could enhance the robustness and applicability of the findings.

Firstly, the study explores the relationship between contrast-associated acute kidney injury (CA-AKI) and long-term mortality in patients with chronic kidney disease (CKD) undergoing coronary angiography. However, it does not mention the specific types and dosages of contrast media used. The type and dosage of contrast media are risk factors for the development of CA-AKI in patients with impaired renal function. For instance, the use of ionic high-osmolar contrast media or higher doses of contrast media increases the risk of CA-AKI.^{2,3} The failure to specifically analyze the contrast media may affect the precision of the study results and the customization of treatment plans.

Secondly, there are multiple causes for acute kidney injury (AKI) following angiography, and AKI may be incorrectly attributed to contrast media. For example, catheter-based procedures can complicate the post-intervention period due to hemodynamic instability and cholesterol embolization or renal artery thrombosis caused by catheter manipulation.⁴ These can lead to post-intervention AKI, which is often misconstrued as CA-AKI.⁵ Therefore, it is crucial to exclude clinically confounded cases during patient enrollment, which can significantly improve the reliability of the results.

To enhance patient care, a multidisciplinary approach should be adopted for managing CA-AKI in the future. This can be achieved by establishing a collaborative treatment team that includes interventional specialists, cardiologists, nephrologists, and nursing professionals to provide more comprehensive and effective management strategies. Such a team-based approach leverages the expertise of different professionals to address the complex and multifaceted challenges associated with CA-AKI, thereby improving patient outcomes through integrated treatment plans.

In conclusion, this article makes a valuable contribution to the study of CA-AKI. However, to maximize the potential of such research, a broader collaborative effort is required. It is hoped that future studies will incorporate a wider perspective to deepen our understanding of CA-AKI.

Disclosure

The authors report no conflicts of interest in this communication.

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