SLPI - a Biomarker of Acute Kidney Injury after Open and Endovascular Thoracoabdominal Aortic Aneurysm (TAAA) Repair

Luisa Averdunk¹, Marcia V. Rückbeil², Alexander Zarbock³, Lukas Martin¹, Gernot Marx¹, Houman Jalaie⁴, Michael J. Jacobs⁴, Christian Stoppe^{1*}, Alexander Gombert^{4*}

Supplemental Figures

Figure S1: Boxplots illustrating the SLPI-levels at each time point in patients with and without a sepsis. There were no statistically significant differences at any time point.

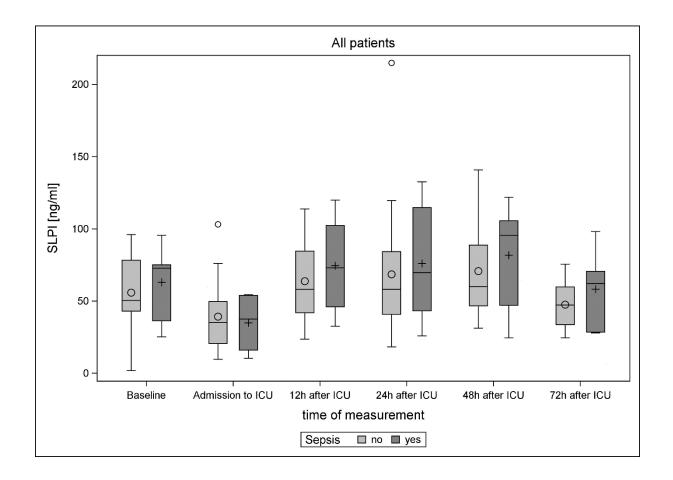


Figure S2: Boxplots illustrating the SLPI-levels at each time point separated by whether the patient died in-hospital. There were no statistically significant differences at any time point.

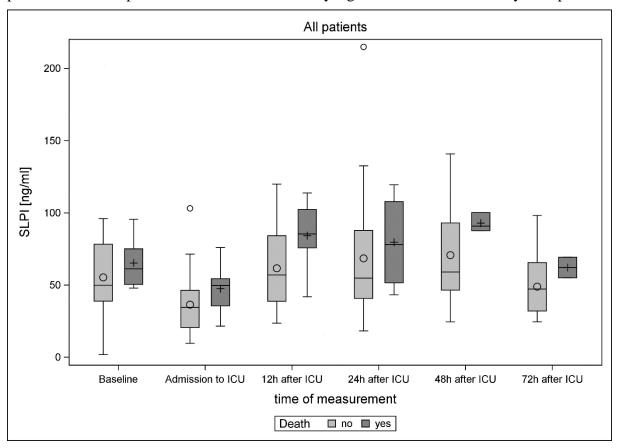


Figure S3: Boxplots illustrating the SLPI-levels at each time point in patients with and without a major adverse cardiovascular event (MACE). MACE was defined as myocardial infarction, acute heart failure or ventricular tachycardia. There were no statistically significant differences at any time point.

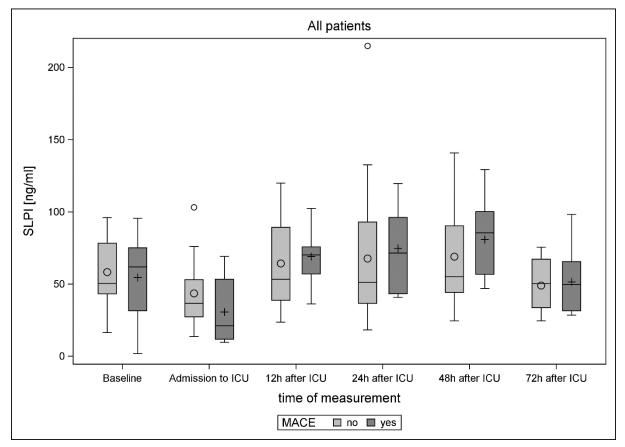


Figure S4: Boxplots illustrating the SLPI-levels at each time point in the group of patients with and without a pneumonia. There were no statistically significant differences at any time point.

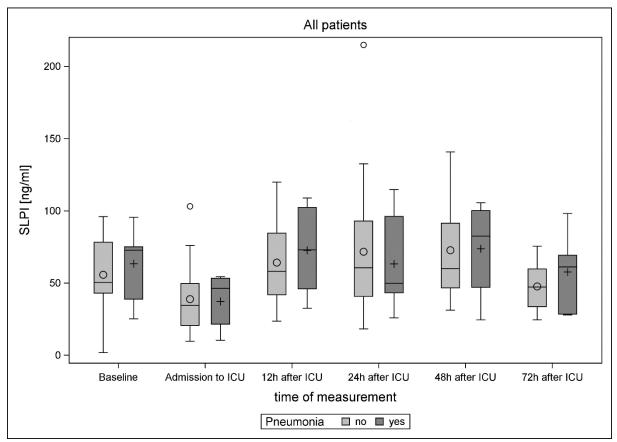


Figure S5. Correlation of SLPI with the inflammatory markers procalcitonin (PCT), CRP, IL-6, and white blood cells. Serum SLPI was significantly correlated with PCT 24 and 72 hours after surgery, but did not show a significant correlation with the markers CRP, IL-6 and white blood cells. CRP, C-reactive protein; PCT, procalcitonin; R²= coefficient of determination.

