

stay and 16% required ventilatory support. The median number of hospital stay was 11 days. Seven patients required more than five sessions of intermittent haemodialysis. Eleven patients had septic shock during admission, 18 had procalcitonin value > 0.5 ng/ml, all the patients had SIRS at some time during the hospital stay. Thirteen patients developed new-onset hypertension during follow up. As compared to healthy controls (6.34%), patients with AKI had lower FMD (5.67%) (p=0.243). Percentage FMD values improved significantly (p=0.019) while comparing the baseline of 5.67% (IQR 2.78-10.06) with the 3rd-month value of 7.30% (IQR 4.41-18.48). There was no difference in % FMD at 3rd month (7.30%) from healthy controls (6.34%) (p=0.287).

CONCLUSIONS: Community-acquired dialysis-requiring AKI patients have ED at presentation, which improves at 3rd-month with the recovery of renal function.

FP321 **ENDOTHELIAL DYSFUNCTION IN COMMUNITY ACUTE KIDNEY INJURY REQUIRING SHORT-TERM DIALYSIS**

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INTRODUCTION: Endothelial dysfunction (ED) represents a stage of reversible atherosclerosis. The literature on ED in acute kidney injury (AKI) patients is scanty. So, the present study was undertaken to study the ED in patients with community-acquired AKI-stage 3 who required dialysis of fewer than three weeks duration and the impact of clinical recovery on ED. Endothelial dysfunction (ED) represents a stage of reversible atherosclerosis. The literature on ED in acute kidney injury (AKI) patients is scanty. So, the present study was undertaken to study the ED in patients with community-acquired AKI-stage 3 who required dialysis of fewer than three weeks duration and the impact of clinical recovery on ED.

METHODS: The present prospective study was carried out in the Department of Nephrology, PGIMER, Chandigarh from June 2017 to July 2018. The study included adults (16-65 years) with community-acquired AKI-stage 3 (KDIGO criteria) requiring dialysis for less than three weeks. Exclusion criteria were patients with pre-existing renal diseases, diabetes mellitus, hypertension and current/reformed smokers. ED assessment was by measuring the flow-mediated dilation (FMD) through FDA approved continuous edge detection software. FMD assessment: at the recovery of renal function (baseline) and 3 months of the baseline FMD. For comparison, 25 healthy controls underwent FMD assessment. Wilcoxon signed ranks test, and Mann-Whitney test was used to compare the results.

RESULTS: Community-acquired AKI patients (n=30) had a median age of 41 years (IQR 27-50). The aetiology was acute gastroenteritis (12/30), snake bite (5/30), rhabdomyolysis (9/30), tropical illness (1/30) and sepsis-related (3/30). Fifty-three percent required ICU