

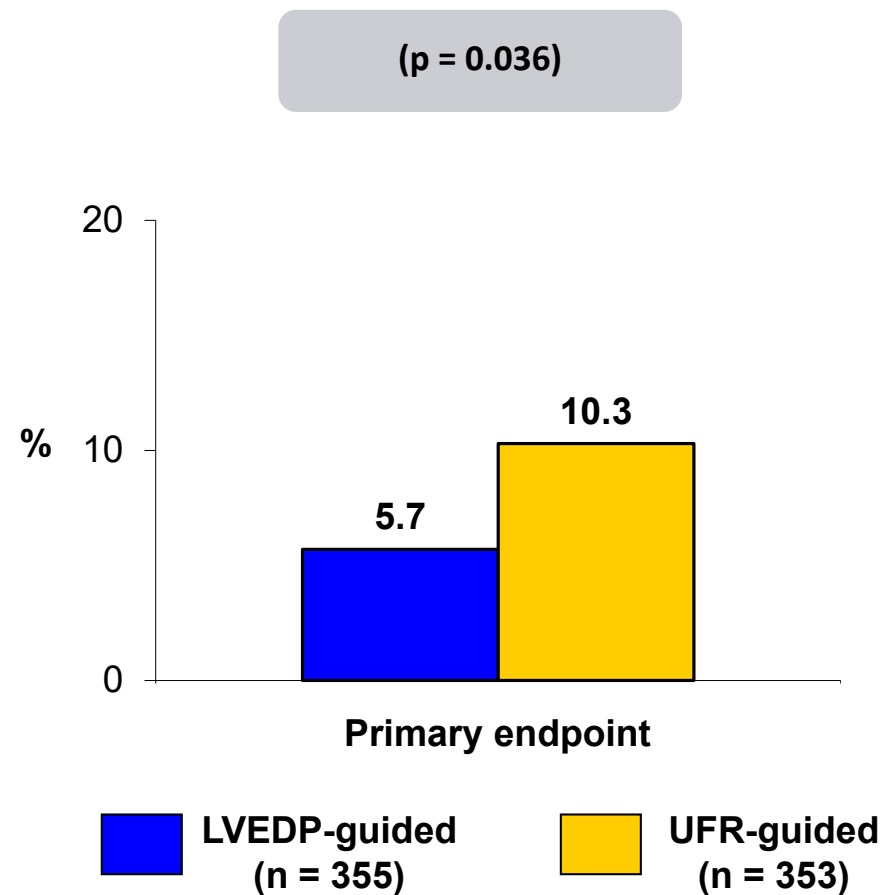
REMEDIAL III

#TCT2019



AMERICAN
COLLEGE of
CARDIOLOGY

Trial Description: Patients with chronic kidney disease (CKD) undergoing angiography or PCI were randomized in a 1:1 fashion to either LV end-diastolic pressure (LVEDP)-guided or urine flow rate (UFR)-guided management using the RenalGuard system. They were followed for 48 hours.



RESULTS

- Primary endpoint: contrast-induced acute kidney injury for UFR-guided vs. LVEDP-guided angiography/PCI: 5.7% vs. 10.3% (p = 0.036)

CONCLUSIONS

- UFR-guided strategy using the RenalGuard system is superior to a LVEDP-guided strategy based on intravenous hydration in reducing contrast-induced acute kidney injury among patients with CKD and at high risk for this endpoint
- Interesting study; the device needs further validation, including with other contrast agents

Presented by Dr. Carlo Briguori at TCT 2019