

LETTER TO THE EDITOR

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Dear editor-in-chief, Journal of Dhaka Medical College, I read one of the exciting articles named “Maternal and renal outcome of pregnancy-related acute kidney injury requiring dialysis in a tertiary care center.” In this prospective cohort study, the author showed the maternal outcome at three months in terms of mortality and renal outcome.

To me, it is a very time demanding study. Maternal health is the top priority in any health system, especially in a developing country like Bangladesh. United Nations set a target of a three-quarters reduction in the 1990 maternal mortality ratio (MMR) by 2015. According to this bringing down the maternal mortality ratio from 569 (MMR in 1990) to 143 (by 2015) was the target for Bangladesh to achieve Millennium Development Goal 5,¹ but Bangladesh has achieved up to 176 per 100,000 live births by 2015.² The United Nations also set up the Sustainable Development Goals (SDGs) to reduce the global MMR to less than 70 per 100 000 live births by 2030.³ Bangladesh aims to reduce the maternal mortality ratio to 105 by 2022. To achieve this, we have to reduce every preventable death. The cause of maternal mortality includes hemorrhage (30%), Pre-eclampsia (21%), obstructive labour (7%), some indirect cause.³ All these cases may ultimately cause renal failure. According to some studies, maternal mortality and fetal loss rates in patients with PR-AKI have recently risen to 30 and 60%.⁴

In this study, puerperal sepsis, pre-eclampsia, and septic abortion are the leading cause of the development of renal failure.

In this study, the author did not discuss the outcome of pregnancy, which is also essential. This study’s mortality rate was higher than in other studies (13%). There should be a death audit to identify the increased death rate.

Puerperal sepsis is the preventable cause of AKI. In other studies, the rate of puerperal sepsis is not so high. So, we must identify the cause of increased puerperal sepsis and try to contain the sepsis. The author highlighted identifying causes of puerperal sepsis and reported that

unsafe abortion was the prime cause. We should not forget that the rate of the caesarian section has recently exceeded the WHO-recommended 15%.² It is also contributing to increases incidence of puerperal sepsis.

In this study, the author may compare the outcome the pregnancy-related AKI to other causes of AKI. It would help to identify whether pregnancy-related AKI is the potential risk of adverse effects, especially the mortality and potential to develop chronic kidney disease.

Some studies found no significant differences in outcomes between pregnancy and other causes. A study found that 3.9% of patients remained dialysis-dependent four months after delivery.

This study reported that a significant number of the patient remained dialysis-dependent. It is good that in this study, they tried to identify the cause with renal biopsy.

Our next goal is to reduce pregnancy-related renal disease reduction by controlling unsafe abortion and introducing internal audits to contain puerperal sepsis and dialysis-dependent maternal death. Thus, it will help us to attain the sustainable developmental goal by 2030.

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