

CONTRAST-INDUCED NEPHROPATHY IN PATIENTS WITH CANCER WHO HAVE A SINGLE KIDNEY SUBMITTED TO COMPUTED TOMOGRAPHY, BEFORE AND AFTER INJECTION OF CONTRAST MEDIA IODINATED

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**BACKGROUND:** They treat cancer patients who already have risk factors for the administration of contrast medium, even those who have only one kidney are treated with extra caution when you need to make use of these agents. The question is: what care is really needed? The literature indicates a safe use of these agents in these patients, but further studies are necessary to ensure in fact this security.

**HYPOTHESIS:** To assess renal function in cancer patients undergoing outpatient CT before and after intravenous injection of iodinated contrast media (ICM) nonionic low osmolarity, comparing those with solitary kidney and patients who had both kidneys.

**METHODS:** Prospective, single-center on a group of 239 cancer patients of the clinic undergoing CT with use of MCI. Evaluations were performed both in pre-contrast and post-contrast serum creatinine dosages . Glomerular filtration rate (GFR) was estimated by the Cockcroft-Gault MRDR and formulas that use of serum creatinine.

**RESULTS:** The age of patients ranged from 14 to 82 years (mean = 53.4 +/- 14.8 years), and 57.7% were female. Of the 239 patients studied, 21 (8.8%) had a solitary kidney. There was no statistically significant results of laboratory tests obtained before and after contrast administration for patients with solitary kidney difference when compared with those who had both kidneys: Serum creatinine ( $p = 0.809$ ), GFR estimated by MDRD formula ( $p = 0.871$ ), GFR estimated by the Cockcroft-Gault formula ( $p = 0.880$ ). No patient had clinically significant nephropathy.

**Conclusions:** Evaluations show that the nonionic iodinated contrast low osmolarity poses no risk to cancer patients with solitary kidney compared to those with two kidneys, even in those with other risk factors for the development of nephropathy.