Indian Journal of Pediatrics (May 2022) 89(5):526
https://doi.org/10.1007/s12098-022-04099-y

CORRESPONDENCE

Trial of Furosemide to Prevent Acute Kidney Injury in Critically Ill Children: A Double-Blind, Randomized, Controlled Trial: Correspondence

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Received: 24 December 2021 / Accepted: 18 January 2022 / Published online: 14 February 2022

To the Editor: We read with interest the recently published research paper titled "Trial of Furosemide to Prevent Acute Kidney Injury in Critically Ill Children: A Double-Blind, Randomized, Controlled Trial" by Abraham et al. [1]. It is a very well done study and well written as well. However, we have a few concerns:

1. In our opinion, it would have been good if the RCT would have been completed, as there was a probability that if sample size was met, there could have been a statistically significant difference in the progression of AKI from the risk to injury or failure stage in furosemide and placebo groups as the number of children progressing from risk to injury or failure stage were double in the placebo group ($n=8$) as compared to the furosemide group ($n=4$).
2. The sample size was calculated based on the assumption that furosemide infusion reduces the progression to a higher stage from 35 to 15% (author-centered unpublished data, January 2016 to March 2016). The reference for the same was cited as 3 [2]; however, this citation is not correct.
3. Since the enrolled children were hemodynamically stable, bolus of furosemide (1 mg/kg or 0.5 mg/kg) could have been given before starting infusion in our opinion. This could probably have resulted in higher urine output, and it would have been interesting to see if this resulted in different outcome of the study.
4. It would have been worthwhile to calculate attributable risk reduction and the number needed to treat, as this would have added important information to the results [3].

Declarations

Conflict of Interest None.

References

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