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CORRESPONDENCE

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

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To the Editor: Thank you for the interest shown by Khera et al. [1]. We calculated the sample size with interim analysis prior. The results of interim analysis, comments of independent data monitoring committee, ethics committee review, and expected high fragility index if the same rate of progression occurs, indicated that further continuation of the study was futile. Hence, it was decided to stop and present the current study as a pilot study [2]. The sample size was calculated mainly from the author center data, and Akcan-Arikan et al. [3] was considered as a cross-reference for incidence of acute kidney injury (AKI) as per p-RIFLE criteria since it was similar to the method of diagnosis of AKI used in our study.

Given the concern of unpredictable effect on hemodynamic status in critically ill children due to bolus dose of furosemide and ethics committee concern of involving vulnerable patients, we decided not to use the bolus dose of furosemide. Though intermittent administration of furosemide has been associated with high maximal urine output, it may cause hemodynamic issues in postoperative cardiac children, especially those on a high dose of vasoactive therapy [4]. The absolute risk reduction of 67.8% (95% CI 51.4% to 84.3%) and the number needed to treat (NNT) of 1.5 (95% CI 1.2 to 1.9) was noted in our study. However, there was no significant difference noted in our study.

Declarations

Conflict of Interest None.

References

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