

Comments on “Serum Urea:Albumin Ratio as a Prognostic Marker in Critical Patients With Non-chronic Kidney Disease”

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Sir,

I read the article “Serum Urea:Albumin Ratio as a Prognostic Marker in Critical Patients With Non-Chronic Kidney Disease” by Gundpatil et al. with great interest. I congratulate authors for making this important observation. It deals with the determination of significance of urea:albumin ratio (UAR) as prognostic marker in estimating the ICU stay and mortality of patients admitted in ICU [1]. I would like to make the following comments on this article.

Authors have related the high levels of urea with pre-renal azotemia, subclinical renal dysfunction and negative nitrogen balance attributed to high protein catabolism. I would like to add that there could be excess production of urea due to various other reasons like increased production of urea in the liver by metabolism of drugs like tetracycline and corticosteroids, and high protein diet [2]. So we should consider these factors before making any prognosis related predictions. Also, decreased elimination of urea due to dehydration or infection may give false positive results.

Similarly, low albumin levels may be due to ailments like Crohn’s disease [3] and low protein diet may give false negative results. Therefore, we should be cautious in considering UAR as prognostic marker. Also, UAR may vary among patients. New prognostic markers should be searched for making the prognosis prediction more accurate. I hope that the above-mentioned points might add to the article by Gundpatil et al.

References

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