NIGERIAN CARDIAC SOCIETY (NCS)
55th Annual General Meeting & Scientific Conference (NCS EKO 2026)
September 22–24, 2026 • Eko Hotel Convention Centre, Lagos, Nigeria

AC062

Adult Cardiology & Clinical Cardiovascular Medicine • Poster Presentation

PREDICTORS OF CARDIORENAL SYNDROME TYPE 1 AMONG PATIENTS ADMITTED FOR ACUTE HEART FAILURE AT FEDERAL TEACHING HOSPITAL GOMBE.

Rilwan Adegboyega Oyekunle [1] , Yekeen Ayodele Ayoola [1] , Adamu Adamu [1], Ismail Olayemi Ayanbisi [1], Adeseye Abiodun Akintunde [2], Mohammed Sani Abubakar[1], Jeremiah Oyigoho Oiganji [1], Okezie Ejeagba O [1], Abubakar Maaji Ahmad [1], Hikmat Bashir Muhammad[1], Henry Ifeanyichukwu Okolie [1]. Affiliations: 1. Cardiology unit, Department of Internal Medicine, Federal Teaching Hospital Gombe, Gombe State, Nigeria. 2. Department of Medicine, Ladoke Akintola University of Technology Ogbomoso, Nigeria Presenting Author- Rilwan Adegboyega Oyekunle

Stand: POSTER #AC062 | **Venue:** Poster Exhibition Hall & Gallery - Eko Convention Centre |**Online Ref:** https://nigeriancardiacsociety.com/abstracts/AC062

Background: The presence of acute kidney injury (AKI) in patients admitted for acute heart failure (AHF) known as cardiorenal syndrome type 1(CRS1) is a serious clinical condition that is associated with poor prognosis. However, few studies have been done in this area in Nigeria to identify possible predictors of this condition. Objective: The objective of this study was to identify the predictors of cardiorenal syndrome type 1 among AHF patients at Federal Teaching Hospital Gombe.

Methodology: This was a prospective longitudinal cohort study where 149 patients admitted for acute heart failure at Federal Teaching hospital, Gombe who met the inclusion criteria were recruited. Clinical details, electrocardiographic and echocardiographic parameters were assessed on admission. Serum urea and creatinine were measured at presentation and repeated at day 2 and day 7 or at discharge. Acute heart failure was diagnosed according to European Society of Cardiology guidelines. Acute kidney injury was diagnosed according to Kidney Disease Improving Global Outcomes (KDIGO) clinical practice guideline, 2012.

Results: Out of 149 AHF patients recruited, 71 (47.7 %) developed AKI. After multiple regression analysis, only male sex, NYHA class IV, higher value of NT-proBNP greater than 11,616 pg/ml and right ventricular systolic dysfunction were independent predictors of CRS1.

Conclusion: Male sex, NYHA class IV, value of NT-proBNP greater than 11,616 pg/ml and right ventricular systolic dysfunction are independent predictors of CRS1. This finding helps individual risk prediction, as well as risk stratification, which may assist clinicians to assess the risk of developing AKI in AHF patients.

Keywords: Predictors, Cardiorenal syndrome type 1, Acute Heart failure.