Madam, we read with interest the findings of Khan et al. that were recently published in your prestigious journal. The authors reported that approximately 21% of hospitalized patients develop acute kidney injury (AKI) after acute myocardial infarction (AMI) which is associated with increased complications. Although the authors provided adequate information regarding frequency and short-term effects of AKI after AMI, we believe they missed few important points that should be addressed.

The authors mentioned that they used Acute Kidney Injury Network (AKIN) criterion to define AKI. However, authors did not report the severity/stages of AKI as per AKIN classification which we believe would have provided better insight regarding AKI and its short-term effects after AMI. Moreover, the authors mentioned in the methodology section that they diagnosed chronic renal failure if the serum creatinine level of the patient were above 1.2 mg/dL or patients on chronic peritoneal or haemodialysis. We believe that former criteria is not right and either the Kidney disease Outcomes Quality Initiative or Kidney disease Improving Global Outcomes Criterion should have been used to determine chronic kidney disease. Furthermore, as per the guidelines of Strengthening the Reporting of Observational studies in Epidemiology for cross-sectional studies, authors should report the numbers of individuals at each stage of study (such as numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, and analyzed). Authors did not describe the reasons of excluded cases at each stage. A patient recruitment figure/flow diagram would have given at-a-glance summary of the whole study.

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References

LETTER TO THE EDITOR

Comment on Imran Khan et al. (J Pak Med Assoc. 67:1693, 2017)

Frequency of acute kidney injury and its short-term effects after acute myocardial infarction

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