Supra-HFR thus may represent a highly biocompatible technique that is able to reduce serum inflammatory cytokines that may often worsen AKI. Unlike other treatment modalities as plasma exchange, supra-HFR makes possible and safe the use of high cut-off membranes without significant loss of albumin, in order to run a more physiological and selective treatment.

In conclusion, our preliminary experience, which needs confirmation in long-term studies, suggests that supra-HFR beyond it could help to reduce free immunoglobulin light chains [5], may obtain safe and effective cytokine removal and could be considered in the treatment of hypercytokinemia-associated AKI that may be triggered by cancer therapy, especially in hematological malignancies.

References


Erratum

In the study by Claure-Del Granado and Bouchard: Acid-Base and Electrolyte Abnormalities during Renal Support for Acute Kidney Injury: Recognition and Management [Blood Purif 2012;34:186–193], the name of the first author was not complete. The correct last name is Claure-Del Granado.