

## **Biomarkers and Action Strategies in Early and Subclinical Acute Kidney Injury**

Acute kidney injury (AKI) is defined by a rapid increase in serum creatinine, decrease in urine output, or both. AKI occurs in approximately 10–15% of patients admitted to hospital, while its incidence in intensive care has been reported in more than 50% of patients. Progression to chronic kidney dysfunction or damage can occur over a longer period or follow AKI in a continuum with acute and chronic kidney disease. It is known today that AKI is not a single disease but rather a loose collection of syndromes as diverse as sepsis, cardio-renal syndrome, and urinary tract obstruction. While for more than a decade the sole indicator for acute renal dysfunction was serum creatinine elevation, in the past decade Biomarkers of kidney injury or stress were introduced and may serve as new tools for risk assessment and could possibly guide therapy. The approach to a patient with AKI depends on the clinical context and can also vary by resource availability. Although the effectiveness of several widely applied treatments is still controversial, evidence for several interventions, especially when used together, has increased over the past decade.

In this special issue we will be describing the epidemiology, pathophysiology, mechanism, prevention and diagnosis through biomarkers and action strategies in AKI in various settings such as cardiac surgery, intensive care unit, cardiology, nephrology and sepsis. We hope that clinical and experimental scientific reports will improve our understanding of this highly important entity and its management.

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