Machine Learning Approach to Predict Acute Kidney Injury Among Patients Undergoing

Spinal Posterior Instrumented Fusion

Kevin Heo, BS; Prashant V. Rajan, MD; Sameer Khawaja, BS; Lauren A. Barber, MD; Sangwook T. Yoon, MD, PhD



Emory University Department of Orthopaedics

INTRODUCTION

 Acute kidney injury (AKI) after spine surgery can lead to significant morbidity and poor outcomes

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- Few studies have evaluated perioperative risk factors associated with AKI after spine surgery
- · Study Aims:
 - Incorporate machine learning (ML) models to stratify risk factors for 90-day AKI from a large, national database
 - Develop a simple predictive risk calculator for postop AKI

METHODS

IBM MarketScan database queried for patients who underwent spinal posterior instrumented fusion 2009-2021

Excluded traumas, malignancies, or infections

90-day AKI collected w/ ICD codes

Demographics and patient comorbidities collected

5 ML models w/k-fold cross validation using 80-20% split

XGBoost Tree

Logistic Regression

Random Forest

Model

Logistic

Regression

AUROC Variable 1

Chronic

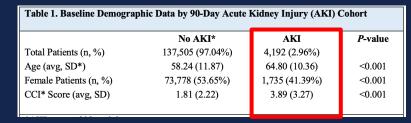
Renal

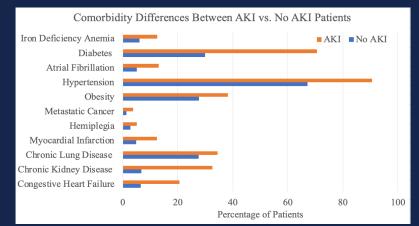
Disease

Neural Networks

Linear Support Vector Machine

RESULTS





Variable 2

Hypertension

• CKD, HTN, Diabetes, Older Age (>65 v/o), CHF

Top 5 risk factors for AKI listed above according to logistic regression model

Logistic regression performed the best w/ AUC of 0.75

Variable 3

Diabetes w/o

Complications

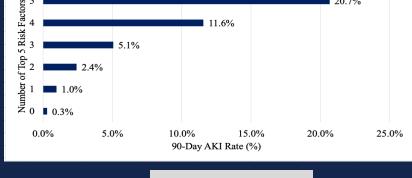
Variable 4

Older Age

Variable 5

Congestive Heart

Failure



AKI Risk Calculator Based on Logistic Regression Model

DISCUSSION

- Logistic regression had the best prediction rates of AKI
- Top 5 risk factors: chronic kidney disease, HTN, diabetes, older age (>65), CHF
- Patients with increasing # of risk factors had increased AKI rates
- Patients with high risk factors may require optimal medical management and closer follow up after surgery
- ML models can be utilized to build user interfaces for patients/physicians
- Advantages: >140,000 patients incorporated, large input of risk factors
- Limitations: lab values, operative notes unavailable, med adherence unknown

REFERENCES

- Ilyas H, Golubovsky JL, Chen J, Winkelman RD, Mroz TE, Steinmetz MP. Risk factors for 90-day reoperation and readmission after lumbar surgery for lumbar spinal stenosis. J Neurosurg Spine. 2019;31(1):20-26. doi:10.3171/2019.1. SPINET.8878.
- Naik BI, Colquhoun DA, McKinney WE, et al. Incidence and risk factors for acute kidney injury after spine surgery using the RIFLE classification. J Neurosurg Spine. 2014;20(5):505-511. doi:10.3171/2014.2.SPINE13596
- Shohat, N., Goswami, K., Tan, T. L., Yayac, M., Soriano, A., Sousa, R., Wouthuyzen-Bakker, M., Parvizi, J., & ESCMID Study Group of Implant Associated Infections (ESGIAI) and the Northern Infection Network of Joint Arthroplasty (NINJA) (2020). 2020 Frank Stinchfield Award: Identifying who will fail following irrigation and debridement for prosthetic joint infection. The bone & joint journal, 102-B(7_Supple_B), 11–19. https://doi.org/10.1302/0301-620X.102B7.BJJ-2019-1628.R1