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UITNODIGING

Voor de openbare verdediging van het
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Patrick HONORÉ

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U wordt vriendelijk uitgenodigd op de openbare verdediging van het proefschrift van

Patrick HONORÉ

'Continuous Blood Purification as an Adjunctive Treatment in Severe Inflammatory Diseases including Sepsis'

Op **maandag 11 juni 2012** om **17 uur** in auditorium **P. Brouwer** van de Faculteit Geneeskunde & Farmacie Laarbeeklaan 103, 1090 Brussel

Situering van het proefschrift

Sepsis and SIRS are characterized by a massive and uncontrolled release of inflammatory mediators into the circulation. The inflammatory turmoil causes biological alterations, hemodynamic instability, and tissue damage. Continuous renal replacement therapy (CRRT) may offer an interesting way to restore disturbed homeostasis by significantly reducing the inflammatory load. The most intensely debated item regarding continuous hemofiltration was the filtration dose needed to obtain the best outcome at the least untoward effects. Therefore, we prepared the path for a large randomized trial [the IVOIRE (hIgh VOLUME in Intensive caRE) trial] that compared standard dose (35 ml/kg/h) with high dose (70 ml/kg/h) continuous hemofiltration as adjunctive treatment of septic shock complicated by acute kidney injury (AKI). Ultimately, the IVOIRE trial showed that mortality at 90 days was not different between both dose groups but appeared to be much lower as compared to similar studies that included less severely ill patients. This unexpectedly low mortality (approximately 50 %) may be explained by a more early start of hemofiltration at a lower level of kidney damage (i.e. "Injury" instead of "Failure", according to the standardized RIFLE classification for AKI). In summary, the results of the IVOIRE trial strongly argue against using a hemofiltration dose exceeding 35 ml/kg/h for adjunctive treatment of septic shock with AKI but suggest that hemofiltration is best and safely initiated at RIFLE "Injury" stage. To date, CRRT remains the only valid and performing technique for hemodynamic unstable, in particular septic, patients with AKI. Future studies should focus on the use of new filtration membranes and sorbents.

Curriculum Vitae

Patrick Honoré graduated from Louvain Medical School as MD (1988), Specialist in Internal Medicine (1993), Intensive Care Specialist (1994) and Nephrologist (1995). During his internship, he completed a 2 1/2 years specialisation in Nephrology and Dialysis. For 3 years, he received ICU training abroad (United Kingdom, Australia and USA). He is closely involved in the Nephrology section of the European Society of Intensive Care Medicine and a distinguished member of many scientific committees and decision-making organizations dedicated to diagnosis, treatment, and research in the field of acute kidney injury. He authored or co-authored more than 135 peer-reviewed papers and more than 450 abstracts. He has been invited as a speaker at more than 300 national and international conferences in almost 100 different countries. He acts as reviewer for more than 30 international journals, including top-ranking journals in the field of critical care medicine and nephrology. He is a member of the editorial board of several high-standard journals. Since 2009, he fulltime holds the position of Head of Clinics in the Intensive Care department of the University Hospital, Vrije Universiteit Brussels (VUB) and became Clinical Tutor at the VUB. In the ICU department, he leads the Critical Care Nephrology Platform which incorporates intensivists, nephrologists and nurses dedicated to daily education, research and treatment of AKI.