

Review

Exploring the Utility of Renal Resistive Index in Critical Care: Insights into ARDS and Cardiac Failure

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Abstract: The renal resistive index (RRI), a Doppler ultrasound-derived parameter measuring renal vascular resistance, has emerged as a promising non-invasive tool to evaluate renal hemodynamics in critically ill patients, particularly those with acute respiratory distress syndrome (ARDS) and heart failure (HF). This narrative review examines the current evidence for RRI measurement in these conditions, exploring its physiological bases, methodology, clinical applications, and limitations. In ARDS, RRI reflects the complex interactions between positive pressure ventilation, hypoxemia, and systemic inflammation, showing a role in predicting acute kidney injury and monitoring response to interventions. In HF, RRI is able to assess venous congestion and cardiorenal interactions and can also serve as a prognostic indicator. Many studies have shown RRI's superiority or complementarity to traditional biomarkers in predicting renal dysfunction, although its interpretation requires consideration of multiple patient-related factors. Key challenges include operator dependency, lack of standardization, and complex interpretation in multi-organ dysfunction. Future research should focus on measurement standardization, development of automated techniques, investigation of novel applications like intraparenchymal renal resistive index variation, and validation of RRI-guided management strategies. Despite its limitations, RRI represents a valuable tool that offers bedside and real-time insights into renal hemodynamics and potential guidance for therapeutic interventions. Further research is needed to fully clarify its clinical potential and address current limitations, particularly in critical care settings involving multiple organ dysfunction.

Keywords: renal resistive index; critical care; ARDS; heart failure; duplex Doppler sonography



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1. Introduction

Renal resistive index (RRI), an ultrasound vascular Doppler-derived parameter, evaluates renal resistance and compliance; it was first described by Pourcelot in 1974 [1,2].

RRI was primarily explored as a diagnostic tool in situations in which intrarenal impedance is altered, particularly renovascular and chronic kidney disease; however, it

Renal Problems In Critical Care

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