Kalińczuk Ł, Zieliński K, Chmielak Z, et al. Improvement in long-term survival with acute kidney recovery after a successful transcatheter aortic valve replacement. Pol Arch Intern Med. 2020; 130: 844-852. doi:10.20452/pamw.15540

Please note that the journal is not responsible for the scientific accuracy or functionality of any supplementary material submitted by the authors. Any queries (except missing content) should be directed to the corresponding author of the article.

Figure S1. Results of serial estimated glomerular filtration rate measurements done pre (-1), daily for a week post transcatheter aortic valve replacement (1-7) and at discharge (D), presented separately for the studied Groups. Central box represents the values from the lower to upper quartile. The middle line represents the median. The vertical line extends from the minimum to the maximum value.

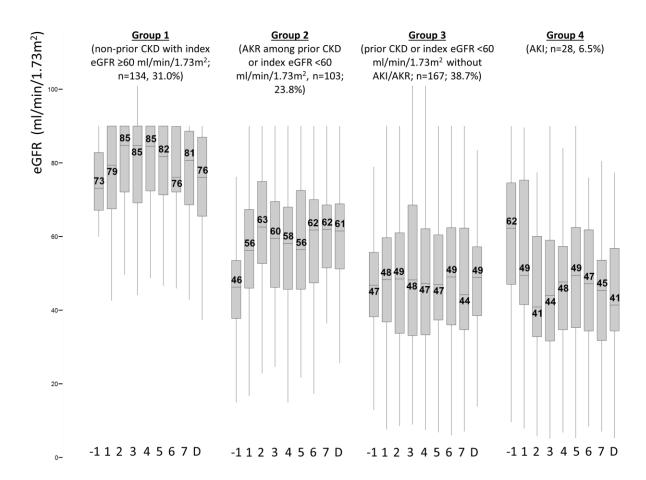


Figure S2. Serial (baseline, at 48h and at discharge) estimated glomerular filtration rate results measured among the groups of patients with and without chronic kidney disease (stratified according to its increasing stage, along with the extend of % estimated glomerular filtration rate change measured at discharged). Central box represents the values from the lower to upper quartile. The middle line represents the median. The vertical line extends from the minimum to the maximum value.

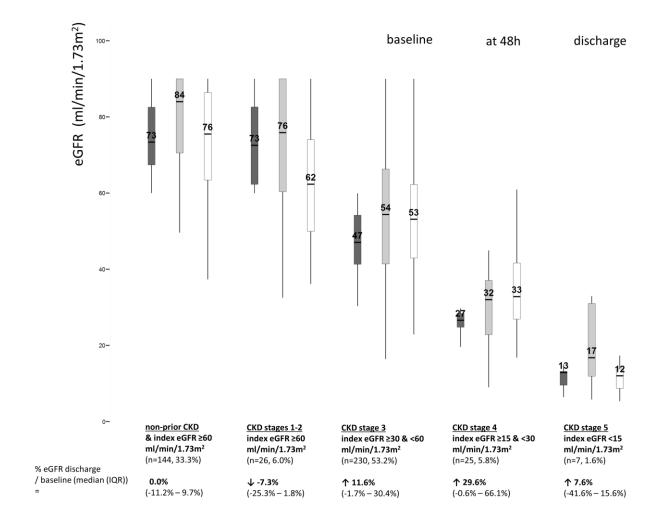


Figure S3. Serial (baseline, at 48h and at discharge) estimated glomerular filtration rate results measured across chronic kidney disease stages for the group of patients with acute kidney recovery (n=103, 23.8%), along with the extend of % estimated glomerular filtration rate change measured at discharged. Central box represents the values from the lower to upper quartile. The middle line represents the median. The vertical line extends from the minimum to the maximum value.

