

= 0.47, $p < 0.0001$), serum creatinine ($r = 0.34$, $p = 0.001$), LDH ($r = 0.68$, $p < 0.001$), serum phosphorus ($r = 0.39$, $p < 0.005$), serum calcium ($r = - 0.46$, $p < 0.0001$), and blood pH ($r = - 0.29$, $p < 0.02$). Although CPK level was correlated with the presence of oliguria and the requirement of dialysis, it was not correlated with mortality. Mortality occurred in 9 cases (9.5%) at a median duration of 7.0 days (range: 1 to 32 days). Mortality was not correlated with age, sex, presence of oliguria, need for dialysis and CPK level. Patients with renal failure ($Cr > 1.3$ mg/dl) were associated a higher mortality (17.3% vs 0%, $p < 0.02$). We conclude that the level of CPK is a good prognostic indicator for renal outcome and correlates well with most of the biochemical parameters. Renal failure was associated with a significantly higher mortality rate.