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Introduction:
Augmented renal clearance (ARC) has being described in some groups of critically ill patients. The aim was to investigate the impact of ARC on the pharmacokinetics of enoxaparin.

Methods:
This is a prospective study in a surgical and medical intensive care unit (ICU) carried out from August to November 2017. Patients <65 years old, under prophylactic treatment with enoxaparin and normal plasma creatinine, were included. Anti-Xa activity was measured at second day under treatment. Creatinine clearance was calculated from urine sample collected during 24-hours. ARC was defined by a creatinine clearance $\geq$130 mL/min/1.73 m2.

Results:
Thirteen patients aged 43 years old ($\pm$ 16.4) were included. Six patients developed ARC and 5 of them were in therapeutic range. Seven patients did not develop ARC and 6 of them were in therapeutic range. There was no differences between the two groups in achieving therapeutic range (Fisher test, p=0.5). We did not observe thromboembolic events.

Conclusion:
We found no relationship between ARC and therapeutic failure in patients under prophylactic treatment with enoxaparin.