Introduction

Acute renal failure (ARF) is commonly present among sick neonates while asphyxia, respiratory distress syndrome (RDS) and urogenital anomalies are commonly reported causes of ARF in the west ***(Norman and Asdi, 1979)***.However, data on (ARF) in neonatal sepsis is scarce, and earlier studies have focused on prenatal asphyxia as a cause of ARF ***(Brion et al., 1997)***.

Sepsis is systemic response to infection with bacteria ,viruses ,fungi and protozoa or rickettsae, it is common serious problem with mortality rate between 10% to 40% in the early onset sepsis is mostly acquired from the mother and clinical manifestation appears in the first 3 days of age up to 7 days it is mostly caused by organisms present in the cervix ,vaginal canal ,in the late onset sepsis ,the infection is acquired postnatal from the community or hospital and clinical manifestation appears after the first week of life and caused by more virulent organisms ***(El-Najjar,2002)***.

Acute renal failure is a clinical syndrome in which sudden deterioration in renal function, result in the kidney can not maintain fluid and electrolytes homeostasis ***(Beth et al., 2004),*** Criteria of renal failure in neonates usually include high blood urea nitrogen (>20mg/dl) ***(Berion et al., 1997).*** Renal failure in neonates is prediomient oliguria ***(Jayashera et al., 1991***).

However, occurrence of ARF & oliguria in ARF has not been evaluated as a cause specific manner ***(Matheur et al., 2006)***.