**Abstract (versão inglesa):**

The incidence of cardiac failure and renal failure, either acute or chronic, has increased in recent decades and it has become now clear that the co-existence of these two diseases in one individual has a bad prognosis. The increasing frequency of the number of cases lead clinicians to further explore and define this pathology – the Cardiorenal Syndrome.

This syndrome can be defined as a set of pathophysiological disorders between the heart and the kidney, in which an acute or chronic dysfunction, in one organ, can lead to a functional disorder, acute or chronic, on the other.

According to a recent classification, the cardiorenal syndrome can be divided into five types, depending on the organ where the disturbance appears first: type 1 occurs when an acute degradation of the cardiac function leads to an acute renal dysfunction. When chronic disorders of the heart prearrange chronic renal disability we have a type 2 syndrome. An acute kidney injury, like a glomerulonephrytis, may have negative consequences for the heart, leading to heart failure or cardiac arrithymias, which we call type 3 syndrome. When chronic renal failure predisposes the patient to a systemic atherosclerotic process, fluid retention and consequently to heart damage, it is considered to be before a type 4 syndrome. Finally, type 5 is present when heart disease or kidney disease are the result of systemic conditions, something that happens when a heart failure or a renal failure are consequences of systemic conditions, like sepsis, diabetes mellitus or auto-imune diseases, which are responsible for the degradation of the heart and kidney functions.

The complexity of the interactions between the kidney and heart and the absence of a clear definition and understanding of this pathology hinder its diagnosis and treatment. Nowadays, the guidelines for a correct management are empirical and very focused on each organ in particular. Diuretics still remain the cornerstone of the treatment, and the main goal still is the optimization measures against heart failure. In addition to dietary measures and lifestyle, the use of renin-angiotensin-aldosterone inhibitors, β blockers, anti-thrombotic agents and vasodilators are the main strategies used. Other therapeutic strategies are emerging to ultrafiltration and vasopressin and adenosine receptor antagonists.

Due to the complex nature of these patients and to their bad prognosis it is extremely important that cardiologists, nephrologists and internists work together towards a common goal – that of an early diagnosis and an optimal treatment.

This article will attempt to make a concise review of the current knowledge on the Cardiorenal syndrome and and to emphasize prevention, diagnosis and management strategies of this emerging pathology.

**Keywords:** cardiorenal syndrome, acute heart failure, acute kidney injury, chronic heart failure, chronic kidney disease.