

Does polyuria associated with vasopressin V2 receptor antagonism result in an increased ureter diameter in ADPKD patients?

Niek F. Casteleijn¹, A. Lianne Messchendorp¹, K. Ty Bae², Eiji Higashihara³, Peter Kappert⁴, Esther Meijer¹, Vicente E. Torres⁵, Anna M. Leliveld⁶ and Ron T. Gansevoort¹

1: Dept. of Nephrology, UMCG, Groningen, The Netherlands; 2: Dept. of Radiology, Pittsburgh University, Pittsburgh, USA; 3: Dept. of Urology, Kyorin, Mitaka, Japan; 4: Dept. of Radiology, UMCG, Groningen, The Netherlands; 5: Dept. of Nephrology, Mayo Clinic, Rochester, USA; 6: Dept. of Urology, UMCG, Groningen, The Netherlands.

Introduction

- Tolvaptan, a vasopressin V2 receptor antagonist, has recently been shown to reduce renal function loss in ADPKD patients, but also leads to polyuria because of its aquaretic effect
- Long-term polyuria without frequent voiding can result in ureter dilatation with consequently hydronephrosis and renal function loss

Study Aims

- To investigate the effect of tolvaptan on ureter diameter in patients with ADPKD
- To investigate the associations of 24-hour urine volume, renal function and total kidney volume with ureter diameter at baseline and at the end of treatment

Methods

- Post-hoc single center analysis of the TEMPO 3:4 trial
 - A prospective, blinded, randomized, controlled clinical trial in ADPKD patients with total kidney volume (TKV) ≥ 750 mL and eCrCl ≥ 60 ml/min
 - Patients were titrated to their highest tolerated dose over 3 weeks (45/15 mg, 60/30 mg, 90/30 mg) and treated with tolvaptan (N=32) or placebo (N=19) for 36 months
- TKV was measured by MRI and GFR by continuous infusion of ¹²⁵I-iothalamate (mGFR)
- The coronal T2-HASTE sequence of the MR images was used to measure ureter diameter 3 cm from the renal pelvis as well as on the level of lumbar 5 (L5)

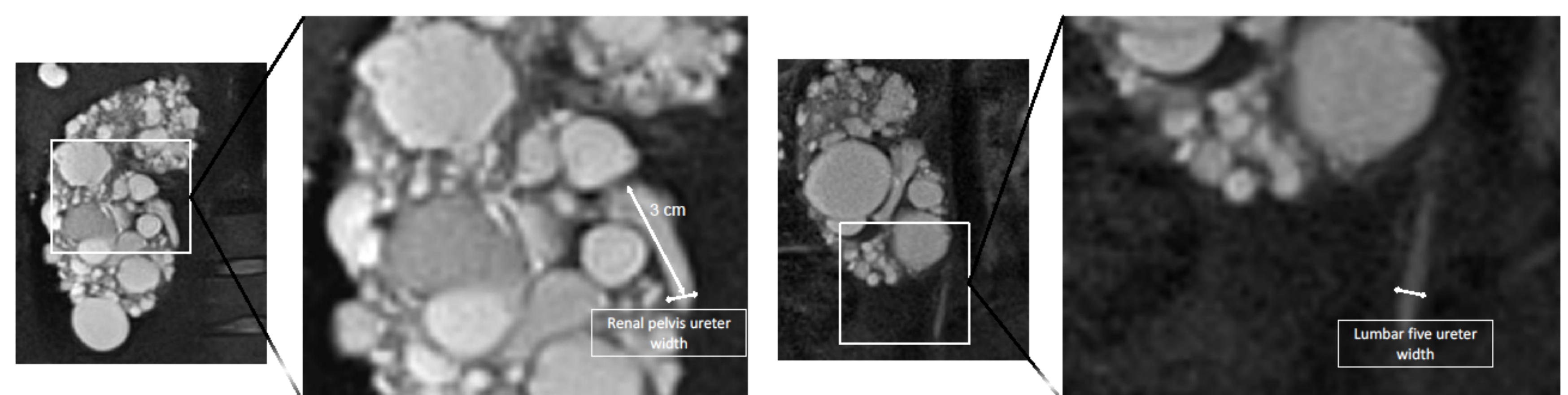
Conclusions

- Tolvaptan induced polyuria, but did not lead to an increase in ureter diameter, suggesting that tolvaptan is a safe therapy from a urological point of view
- Because of the limited power of our study we still advise other clinicians when prescribing tolvaptan as treatment in ADPKD, to instruct their patients to void frequently

Baseline characteristics

	Placebo (n=19)	Tolvaptan (n=32)	P-value
Age (y)	37 ± 6	40 ± 8	0.2
Male (%)	63.2	78.1	0.2
Length (cm)	181 ± 11	183 ± 8	0.6
Weight (kg)	85 ± 14	89 ± 12	0.3
Body mass index (kg/m ²)	25.7 ± 3.9	26.6 ± 3.0	0.3
Antihypertensive use (%)	78.9	81.3	0.6
Systolic blood pressure (mmHg)	132 ± 11	133 ± 12	0.8
Diastolic blood pressure (mmHg)	82 ± 7	83 ± 10	0.7
Heart rate (per minute)	66 ± 11	69 ± 13	0.4
Plasma creatinine (umol/l)	106 ± 39	100 ± 27	0.5
mGFR (mL/min)	94 ± 27	103 ± 29	0.3
Total kidney volume (L)	1.68 (1.13 – 2.37)	2.00 (1.38 – 2.56)	0.2

Ureter diameter measurements



	Placebo		Tolvaptan		P-value	
	MRI base	MRI ET	MRI base	MRI ET	P vs. T base	P vs. T ET
24-hour urine volume (L)	2.50 (2.08 – 2.72)	2.33 (2.08 – 2.16)	2.20 (1.85 – 2.90)	5.02 (3.38 – 5.88)*	0.9	<0.001
Renal pelvis left (mm)	4.0 ± 1.0	4.1 ± 0.9	3.8 ± 1.0	3.8 ± 1.1	0.6	0.3
Renal pelvis right (mm)	4.4 ± 1.2	4.7 ± 1.7	4.2 ± 1.2	4.5 ± 1.4	0.6	0.7
Ureter L5 left (mm)	3.1 ± 0.4	3.4 ± 0.8	3.2 ± 0.8	3.2 ± 0.7	0.8	0.5
Ureter L5 right (mm)	3.2 ± 0.5	3.2 ± 0.9	3.0 ± 0.5	3.2 ± 1.2	0.3	0.9

Abbreviations: Base, baseline; ET, end of treatment; P, placebo; T, tolvaptan.
*p < 0.05; MRI baseline versus MRI ET

Urine volume, mGFR and TKV vs. ureter diameter

