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INTRODUCTION: Inflammation and oxidation are both increased in chronic kidney disease. It is known that kidney transplant improves these situations but it doesn't normalize them.

- AIM:**
- To study the relationship between renal function at 3 months after kidney transplantation and the inflammatory and oxidative states that exist in kidney transplant patients.
 - To analyze if there is possible to establish a relationship between the inflammatory and oxidative states after transplantation with mortality in kidney transplant patients.

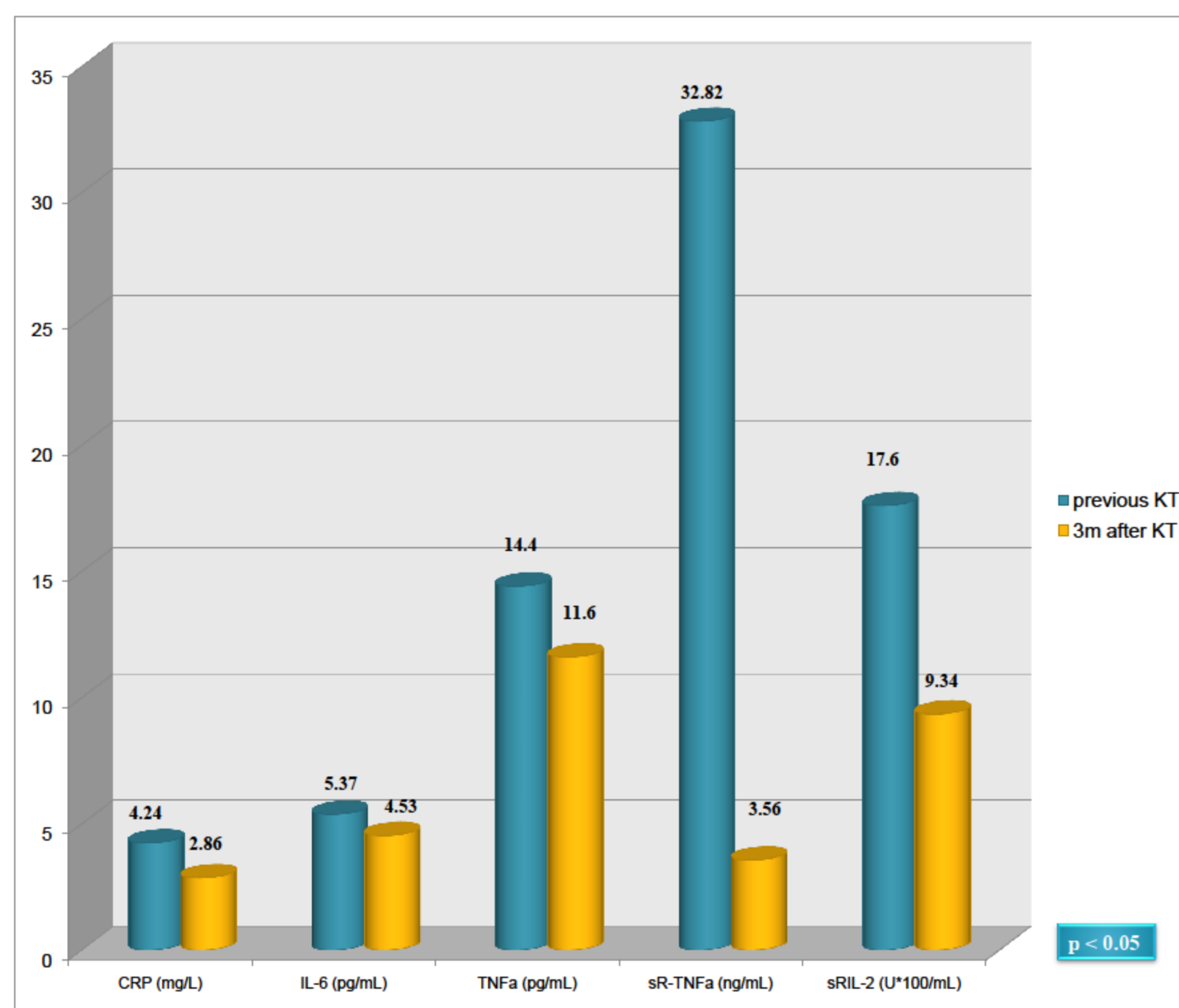
PATIENTS AND METHODS:

N	196	INFLAMMATION MARKERS	OXIDATION MARKERS
Sex	63 (32.1%)	C-reactive protein (CRP)	Oxidized low-density lipoprotein (oxLDL)
	133 (67.9%)	Interleukin 6 (IL-6)	Anti-oxidized low-density lipoprotein antibodies (oxLDL Abs)
Age (years old)	51.89 12.54	Tumoral necrosis factor α (TNF α)	
Months in dialysis	23 (12 – 38)	Soluble receptor interleukin 2 (sRIL-2)	
Others	37 DM (18.9%)	Soluble receptor TNF α (sR-TNF α)	
	29 CVD (14.8%)		

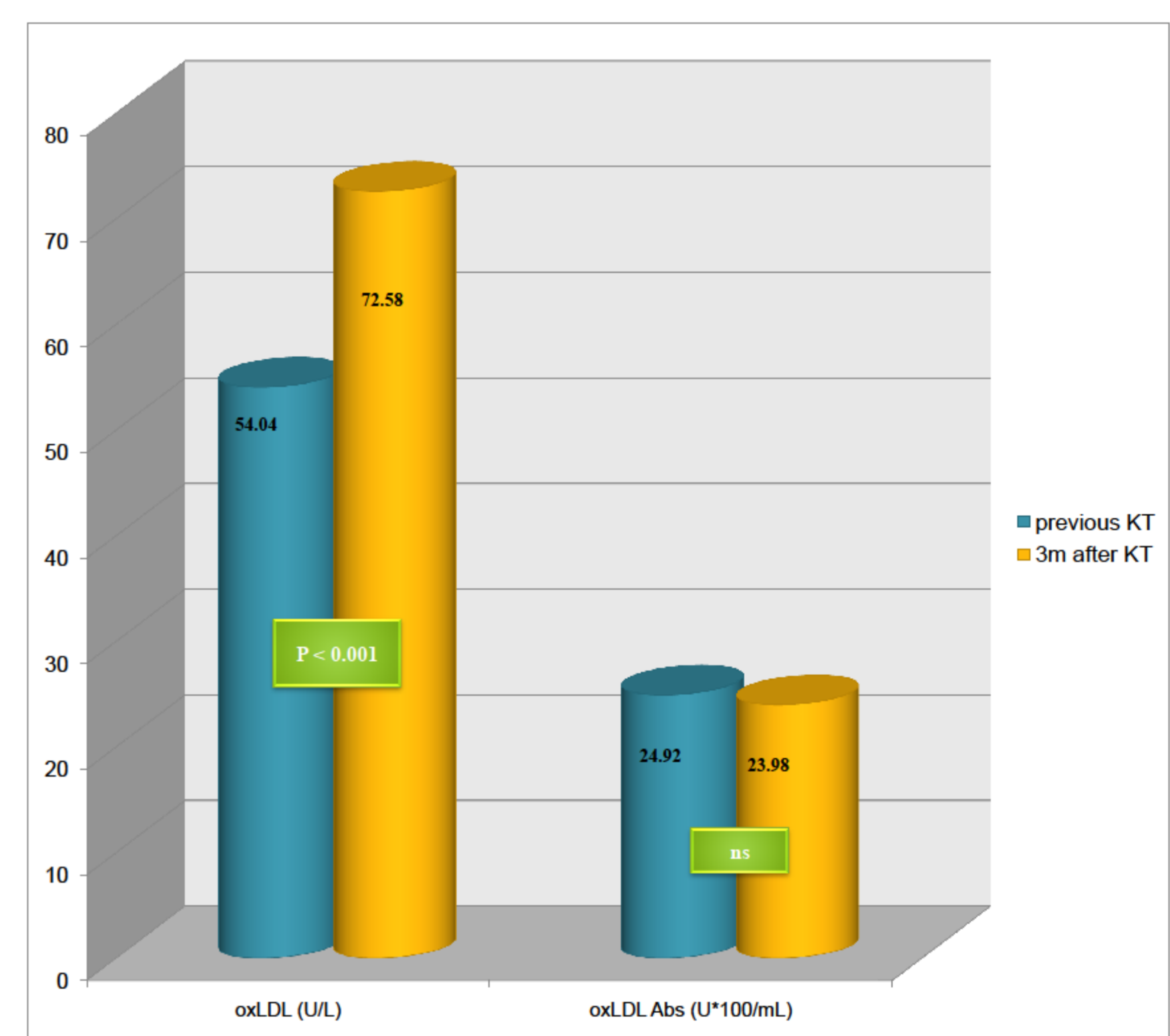
✓ All markers were analyzed before and at 3 months after kidney transplantation
✓ Glomerular filtration rate was calculated by MDRD formula.

RESULTS: Global mortality until April 2012 was 13,8% (27/196) → 4% cancer, 2,5% infections, 2,5% cardiovascular disease, 3% other causes.
Medium MDRD at 3 months after transplantation: de 43.89 (35.16 – 53.94) mL/min/1.73m²

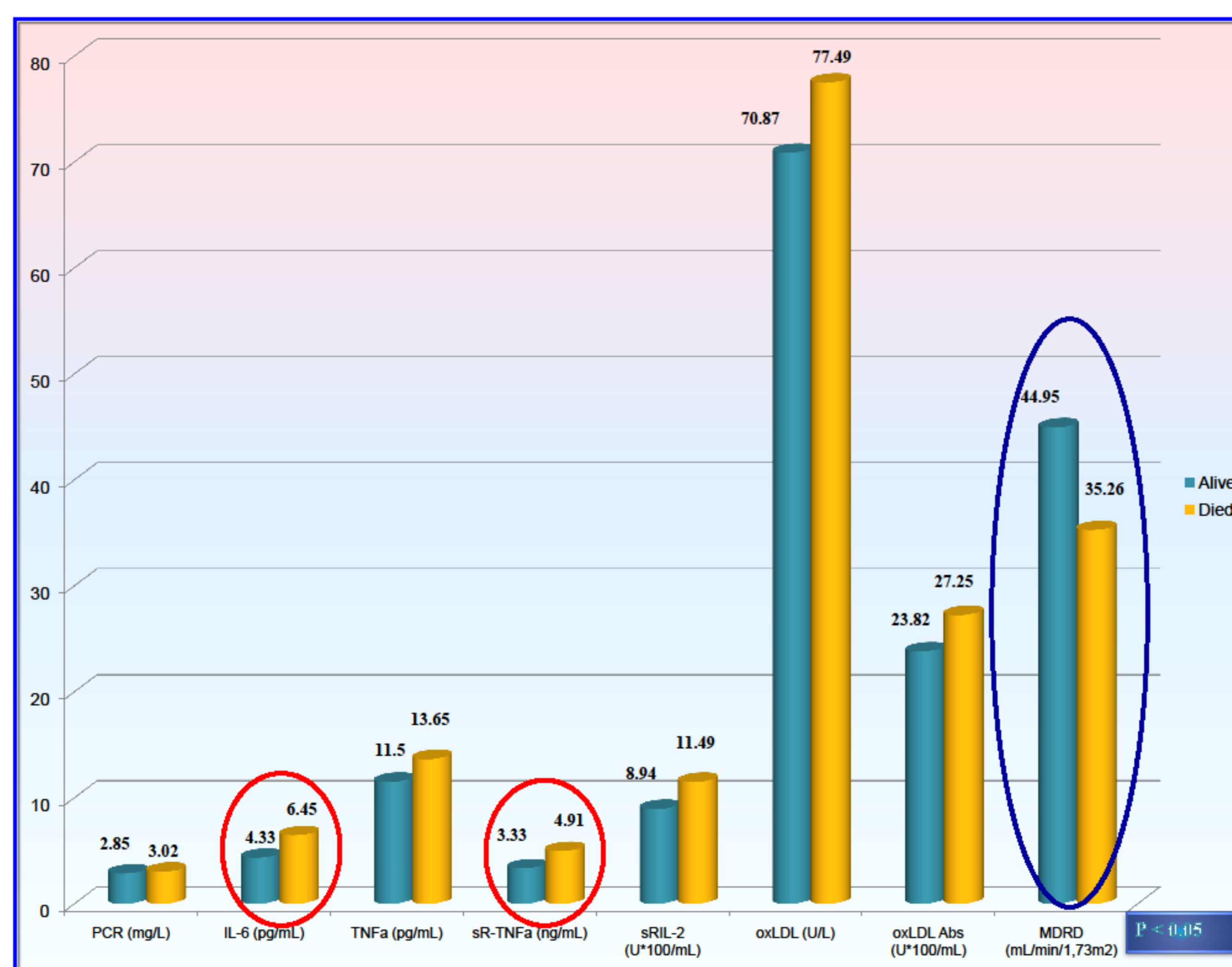
INFLAMMATION MARKERS



OXIDATION MARKERS



INFLAMMATION AND OXIDATION MARKERS AT 3m AFTER TRANSPLANTATION AND MORTALITY



RISK FACTORS OF MORTALITY

Dependant Variable	Mortality after kidney transplantation
Age	OR: 1,068 [IC 95% : 1,011-1,12]; (p=0,018)
oxLDL > P ₇₅	OR: 3,27 [IC 95%: 0,980-10,96]; (p=0,054)
oxLDL Abs > P ₇₅	OR: 6,99 [IC 95%: 2,10-23,28]; (p=0,002)
MDRD	OR: 0,91 [IC 95%: 0,863-0,959]; (p<0,001)

Covariants: age, sex, pretransplant diabetes mellitus, pretransplant cardiovascular disease, IL-6, sR-TNF α , oxLDL (P₇₅), oxLDL Abs (P₇₅), MDRD.

CONCLUSIONS:

- Kidney transplant patients with a worse inflammation state, a worse oxidation state and with an impaired renal function have a higher risk of mortality.
- Independent predictive variables of mortality were age, high levels of oxidation markers and worse kidney renal function at 3 months after transplantation.

