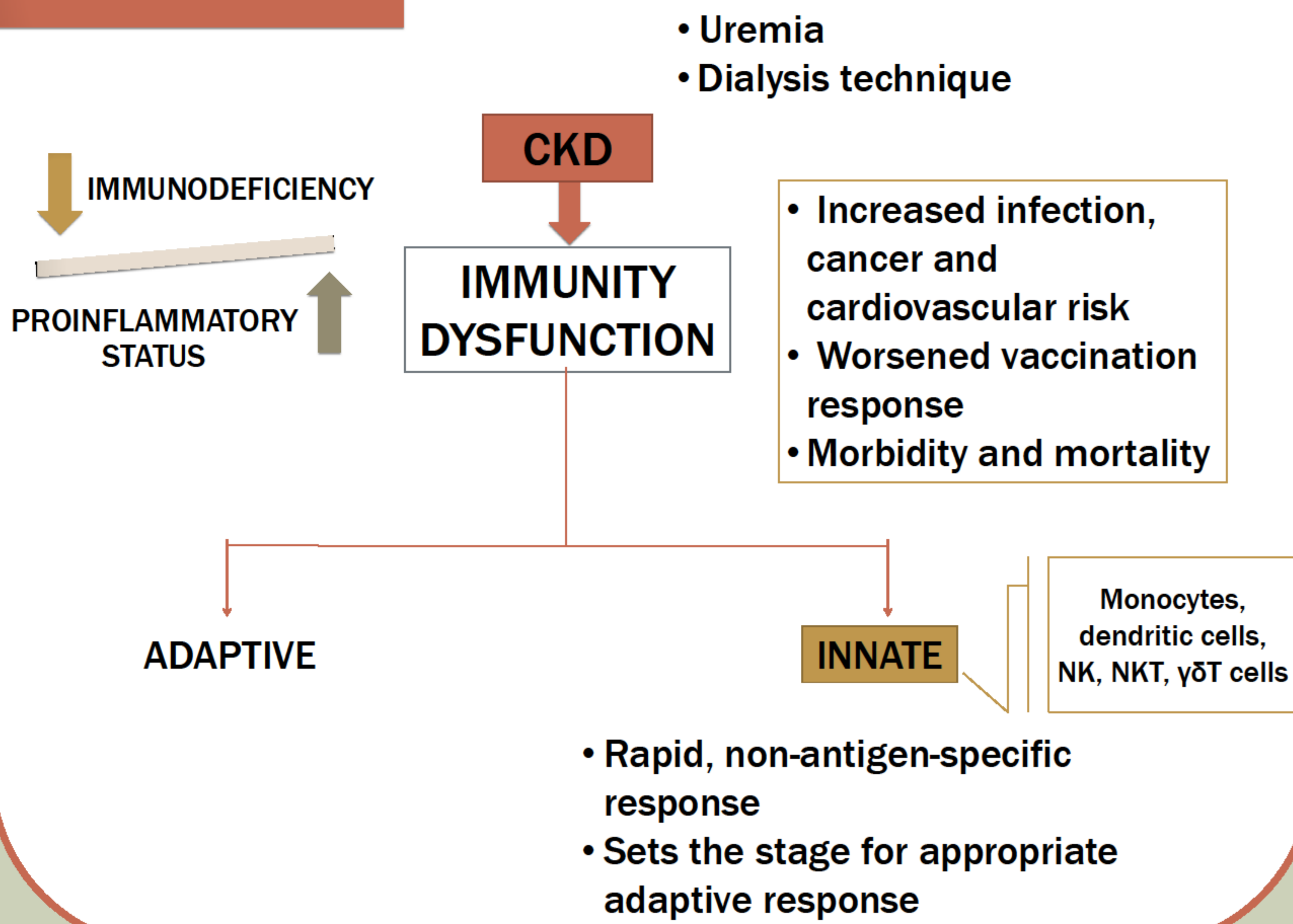


INNATE IMMUNITY DYSFUNCTION IN END-STAGE RENAL DISEASE: A PROSPECTIVE STUDY ON PERITONEAL DIALYSIS AND HEMODIALYSIS

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MP23
 Cell signalling. Cell biology. Hormones.

INTRODUCTION



OBJECTIVES

- Changes in the main innate immune cell types in patients undergoing dialysis?
- Differences between peritoneal and haemodialysis

MATERIALS AND METHODS

- Prospective, case control, observational study
- 21 PD patients + 20 HD patients + 12 healthy controls (Exclusion: active infection & neoplasia)
- Peripheral blood was collected (pre HD and DP medical appointment)
- Demographic data and dialysis parameters
- Total cell count and characterization of sub populations by flow cytometry

RESULTS

DEMOGRAPHIC DATA

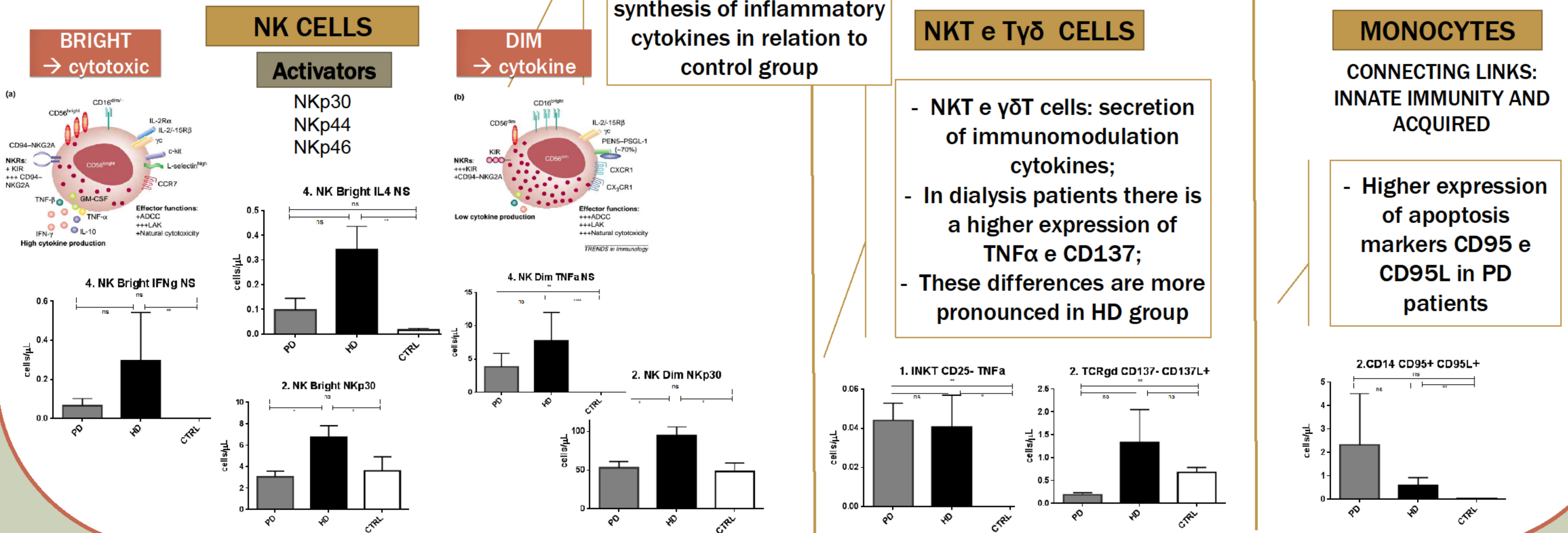
	PD	HD	p
Age	52 +-14,7	61 +-7,4	0,01
Months dialysis	30 +-19,7	36 +-33,7	NS
Kt/V	2,45 +-0,5	1,7+-0,2	-
EPO (mcg/Kg/M)	0,76 +-4,7	0,83 +- 0,8	NS
CRP	0,77+-1,2	0,85 +-1,1	NS

QUANTITATIVE ANALYSIS

	PD	p	HD	Control	p
Leukocytes	6995 +-1682	NS	5455 +-1383	5069 +-2030	*
Lymphocytes	1740 +-679	NS	1795 +-597	1685 +-786	NS
Monocytes	336,8+-177	NS	252,6+-252	121,4+-121	*
Dendritic Cells	12,99 +-13	NS	12,95+-6,8	32,14+-14	*
NK Cells	124,4 +-81	NS	180 +-101	171,2 +-78	NS

* p<0,05

QUALITATIVE ANALYSIS



CONCLUSIONS

- There is a significant dysfunction among cell populations of innate immunity (NK, NKT, γδ, monocytes, dendritic cells) in CKD-dialysed patients compared with a healthy population → exacerbated pro-inflammatory state;
- The inflammatory status and apoptosis seem more significant in HD patients
- Clinical correlation and impact need to be evaluated.

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