

POLIMORPHONUCLEARS AS A MARKER OF INFLAMMATION IN PATIENTS WITH CHRONIC KIDNEY DISEASE



CKD
INTERDISCIPLINARY
TREATMENT CENTER

BARRETO-SILVA, MARIA INES¹; CARLA LEMOS³; SIMONE VARGAS²;
THEREZA CHRISTINA BARJA-FIDALGO² AND BREGMAN, R³
NUTRITION INSTITUTE¹; PHARMACOLOGY²; NEPHROLOGY³
STATE UNIVERSITY OF RIO DE JANEIRO, BRAZIL



INTRODUCTION

- Chronic kidney disease (CKD) is associated with immune activation and systemic inflammation that seems to occur early in the course of the disease.
- Polymorphonuclears (PMNs) play a critical role in chronic inflammation and migration is a marker of their function. The best marker for inflammation in CKD is not defined.

OBJECTIVE

To evaluate PMNs as inflammatory markers in CKD patients

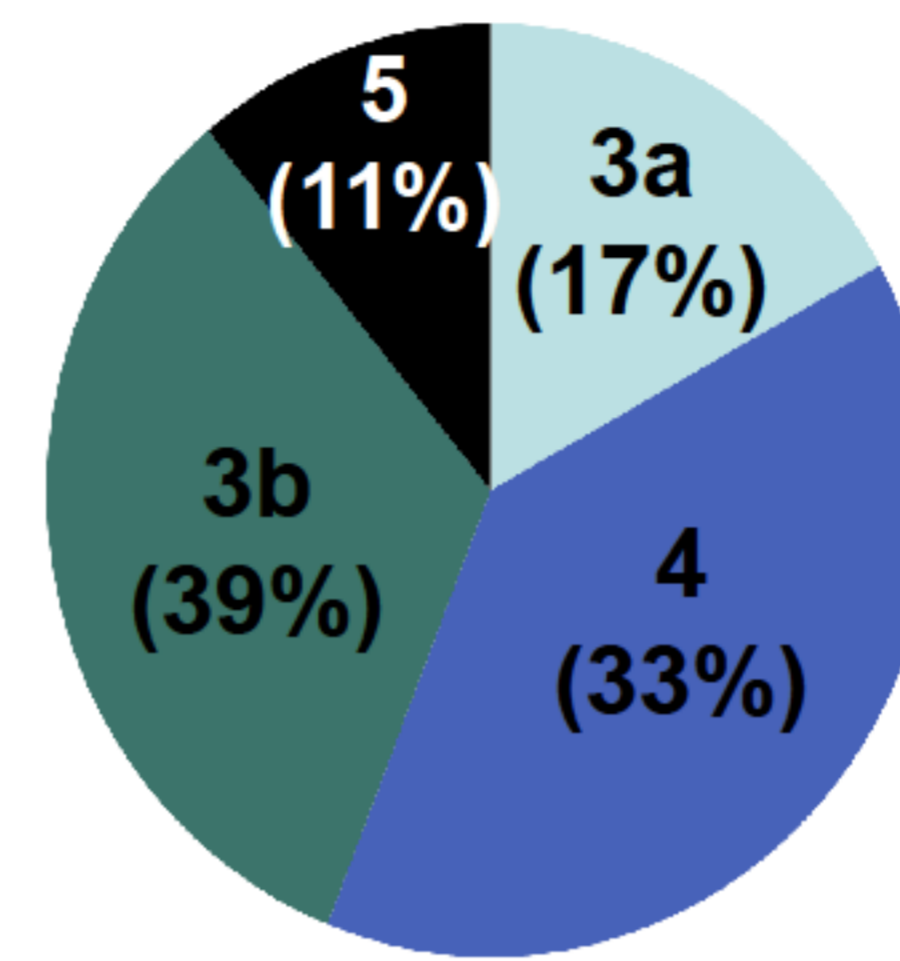
METHODS

- Patients:** non dialysed CKD patients under regular treatment with interdisciplinary team, for at least 1 year, at the Hospital of the Rio de Janeiro State University, Brazil
- estimated glomerular filtration rate (eGFR): CKD-EPI equation
- Polimorphonuclears-PMN evaluation:**
 - ability to migrate:**
 - toward formyl-methionyl-leucylphenylalanine (fMLP, 100 nM)
 - toward medium (random migration)
 - PMN basal ROS production
- experimental conditions: 37 C; 5%CO₂; for 1 hour
- Statistical analysis:**
 - PMNs migration and ROS production according to CKD stages-by ANOVA and T- test.

RESULTS

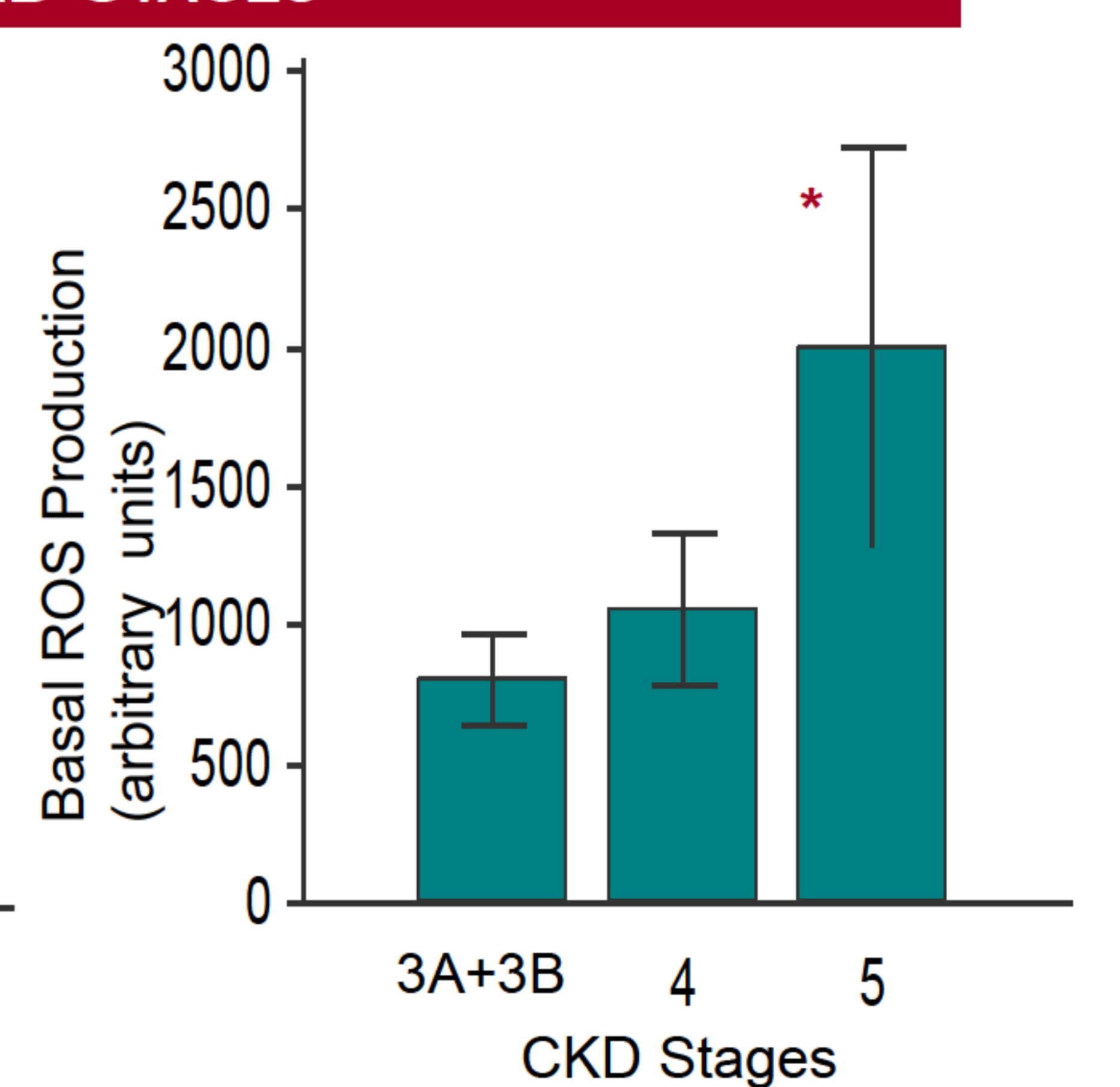
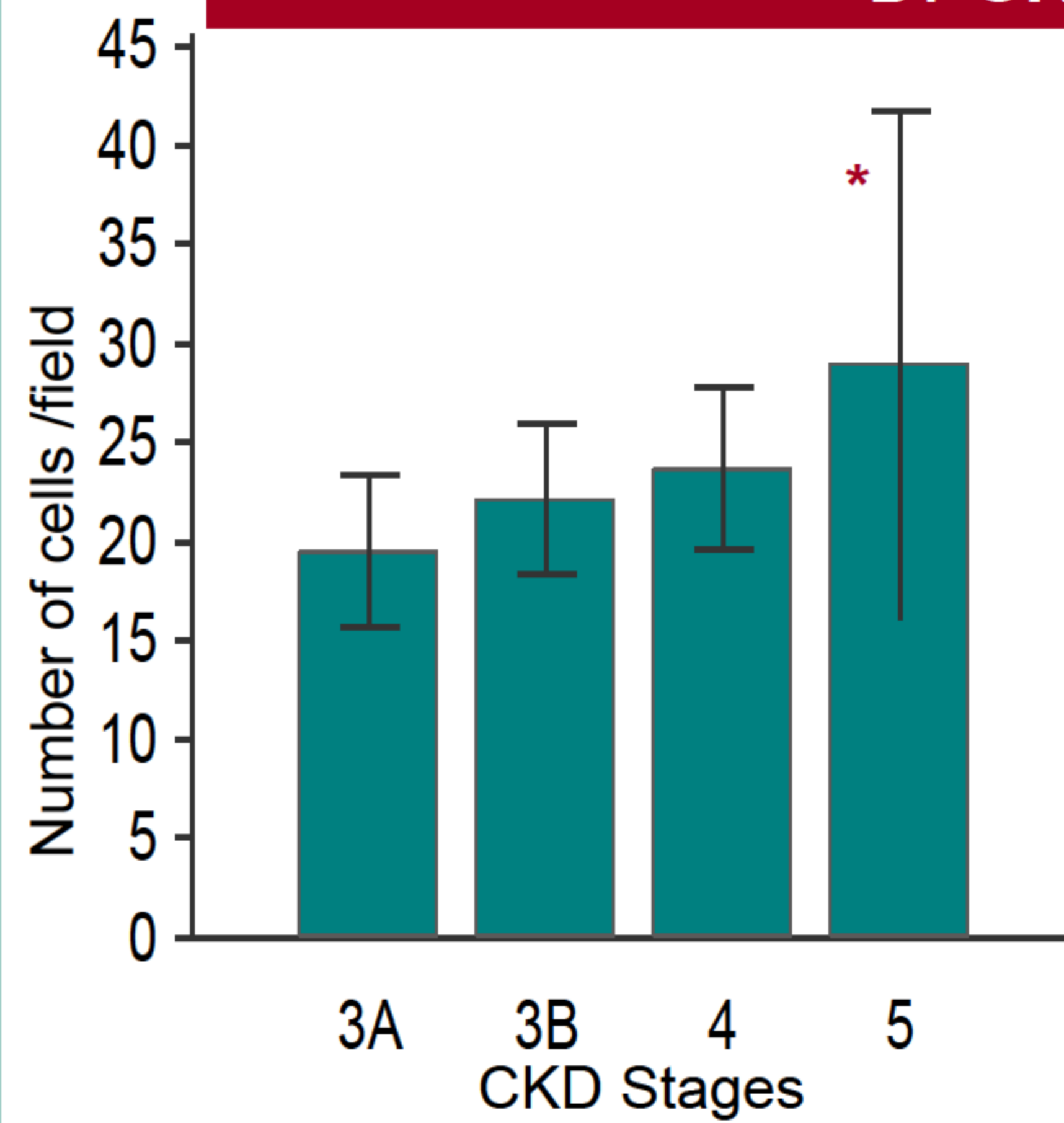
PATIENTS: • n= 54 {53% men} • age: 66.3±12.2 years (32 - 87)
• treatment period: 4.9± 3.2 years

CKD STAGES DISTRIBUTION



Laboratorial Parameters	Mean±standard deviation
eGFR (mL/min.)	32±13 (min. 8.5-max.: 50)
Urea (mg/dL)	87±32
Uric acid (mg/dL)	7.9±1.9
Glucose (mg/dL)	121±82
Total cholesterol (mg/dL)	189±48
Hemoglobin (g/dL)	12.3±1.4
Ferritin (mg/L)	142±114
Albumin (g/dL)	4.5±0.1
Ca (mg/dL)	9.5±0.4
PO4 (mg/dL)	3.8±0.7

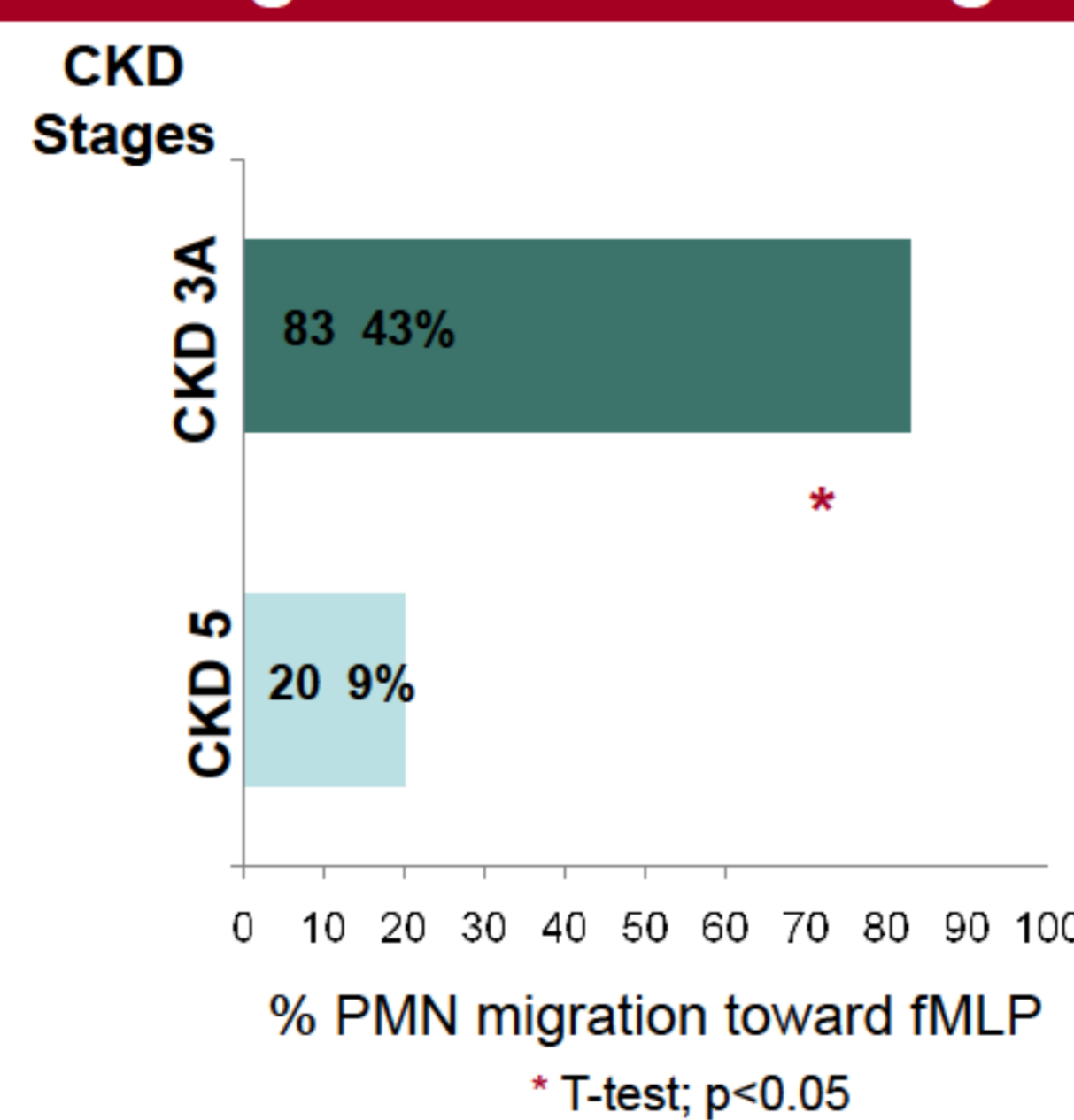
PMN RANDOM MIGRATION AND BASAL ROS PRODUCTION BY CKD STAGES



* ANOVA: [3A; 3B; 4 vs 5]; p<0.05

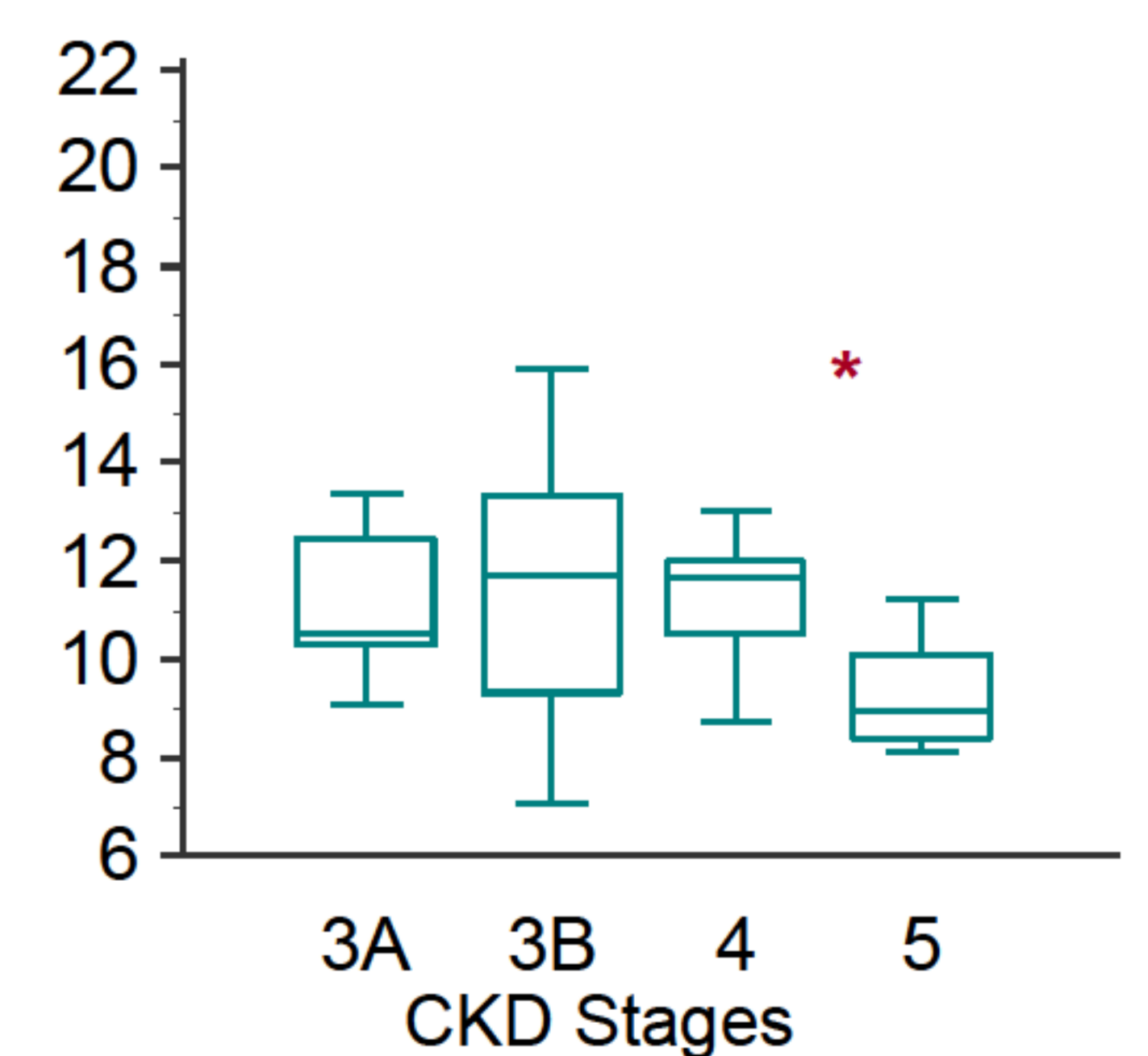
* ANOVA: [3A+3B; 4 vs 5]; p<0.05

PMNs chemotaxis to fMLP was reduced comparing CKD stage 3A vs CKD stage 5



* T-test; p<0.05

IL8 LEVELS ACCORDING TO CKD STAGES



* ANOVA: no differences; p>0.05

CONCLUSIONS

- Data suggest that eGFR is associated with the desensitization of circulating PMNs to fMLP, which may contribute to CKD- associated inflammation. Interleukin was not able to identify these alterations.

