CKD-MBD IN PATIENTS WITH PRIMITIVE DYSLIPIDEMIA: OUR EXPERIENCE.

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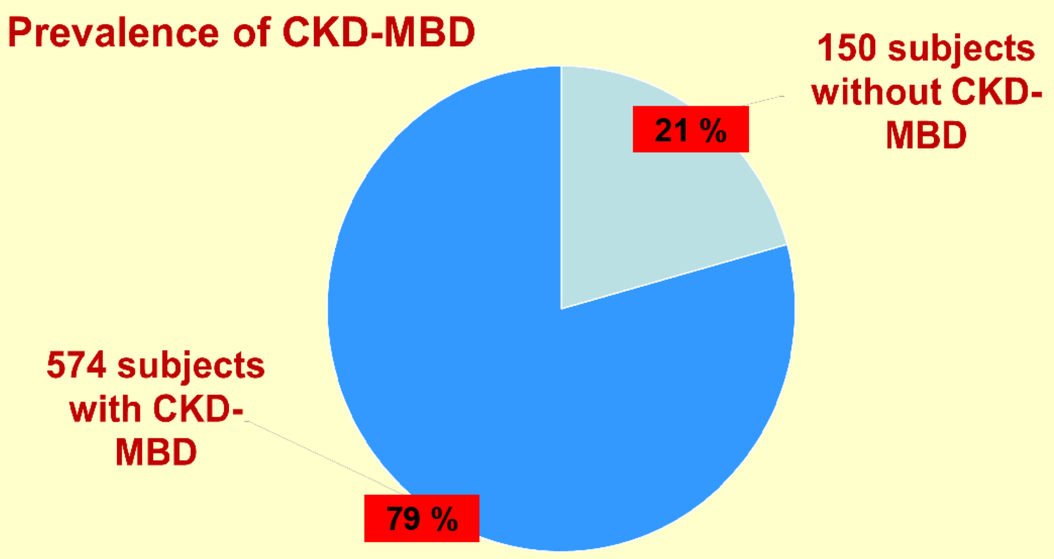
Objectives:

The concept of Chronic Kidney Disease - Mineral Bone Disease (CKD-MBD) involved a facilitation diagnostic and therapeutic approach aimed at individuals with kidney disease, stressing that in such patients "complex" many disorders are closely interconnected. The combination of CKD to MBD has focused the attention of the clinician especially the need to take due account of that through the careful evaluation of laboratory data concerning the mineral metabolism can detect and correct the negative influence that the deficiencies of various kidney function may have on bone and cardiovascular system [1,2]. In many quarters it is suggested that in this context it is necessary to draw the attention of other medical specialties and search for hidden aspects that can influence in each case the extent of CKD-MBD understood as entities nosographic "broad spectrum".

Methods:

We conducted a retrospective observational study in a cohort of subjects with primary dyslipidemia in order to detect the prevalence of CKD-MBD. Were examined 724 subjects pertaining to a specialist clinic lipidology that met the criteria to make the diagnosis of primary dyslipidemia. All subjects were subjected to the following diagnostic tests: calculation of GFR with CKD-EPI creatinine equation, laboratoristiche routine investigations (serum calcium, phosphorus, PTHi, 25-OH Vit. D, (25-1) OH Vit. D, blood pH, bicarbonataemia) and several instrumental investigations (ECG, Doppler Ultrasound TSA, transthoracic echocardiography and Bone Mineral Density).



Results:

There have been detected: 1) a higher prevalence of CKD compared to that reported in the literature for the general population; 2) a high prevalence of "signs" laboratory and instrumental disorder of mineral metabolism and bone tropism, due to CKD-MBD; 3) a high prevalence of alterations of vascular walls and heart valves.

Conclusions:

The data on our observations seem to suggest that the genetic alterations associated with hyperlipidemic phenotype, in addition to being notoriously related to a higher "cardiovacular risk" may also be related not only to a higher prevalence of CKD-MDB, making plausible the hypothesis that there are "biochemical lesions" with far-reaching effects, among which are the possible links between primary dyslipidemia, vascular disease and bone, which are desirable for further studies.

References:

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