

# PREDICTIVE VALUE OF KAUPPILA INDEX IN HEART VALVE CALCIFICATIONS PREVALENCE

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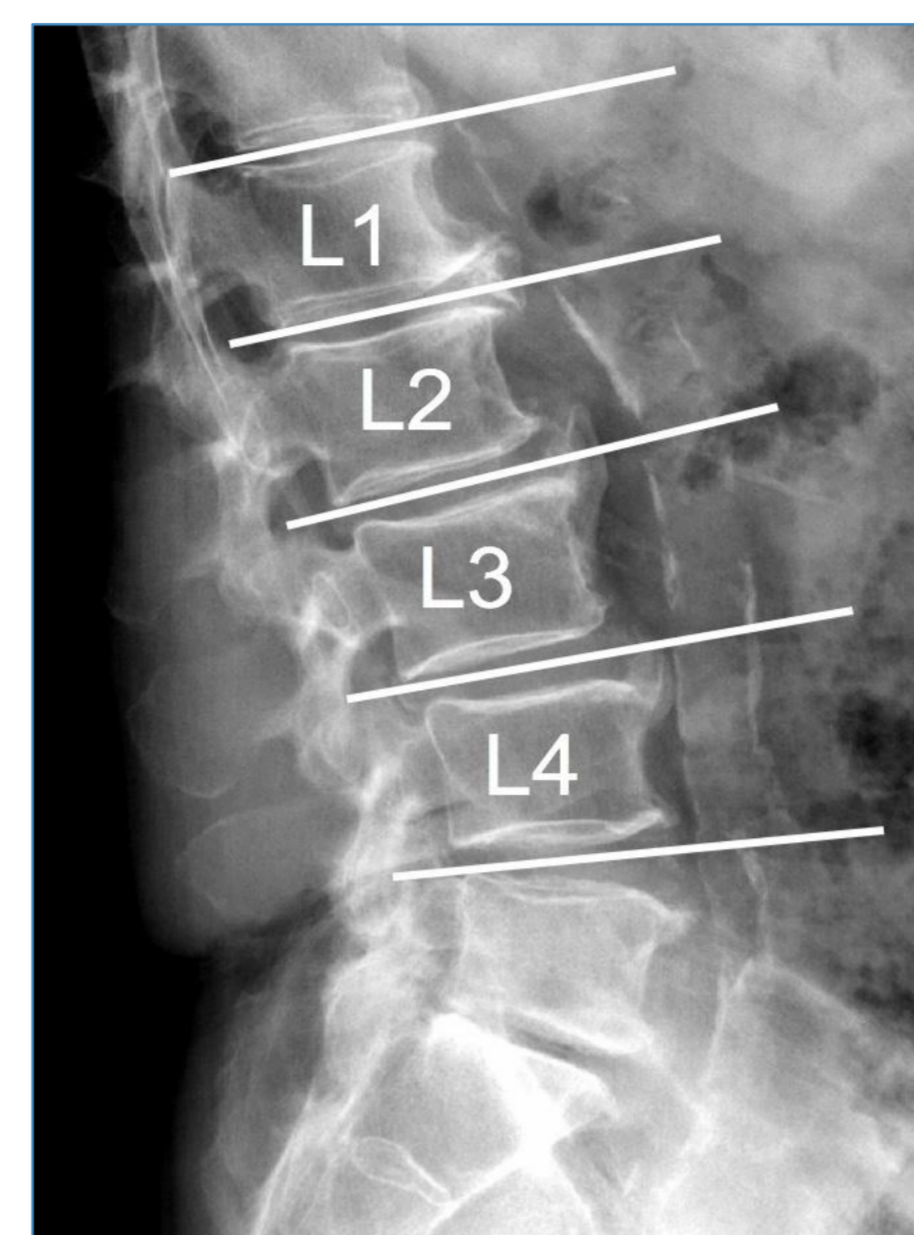
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## Introduction and Aims

Vascular calcification (VC) and cardiac valvular calcifications (CVC) are causes of cardiovascular events presented with high incidence in Hemodialysis (HD) patients. KDIGO guidelines recommend lateral abdominal radiography to detect the presence or absence of VC and echocardiogram to determine the existence of CVC. Kauppila (KI) and Adragao (AI) indices are two radiographic accepted scoring systems for evaluation of VC.

The presence of inflammatory cells, lipoproteins and bone matrix proteins in the calcified regions of cardiac valves, along with common risk factors, suggests that CVC and VC are syndromes dependent on common pathogenetic mechanism.

Our aim was to study the prediction of CVC presence in echocardiogram based on KI and AI.



## Kauppila I (0-24 points)

### Anterior and posterior wall L1-L4:

- No calcification = **0 points**
- Small Calcification = **1 point**
- Moderate Calcification = **2 points**
- Big Calcification = **3 points**

## Methods

Cross-sectional study in 54 HD patients. CVC was determined by bidimensional Echocardiogram, VC in abdominal aorta by lumbar spine radiographs in lateral projection for evaluation of KI. To determine AI, VC was studied in iliac/femoral and radial/digital arteries by pelvic and hand radiography. Demographic characteristics, analytical and pharmacological treatment were compared by non-parametric tests among patients with and without CVC. ROC curve analysis was used to determine a possible cut-off value of KI and AI associated with the presence of CVC. Measurements were made by two observers (Nephrologist and Radiologist) and intraclass correlation coefficient (ICC) and Bland-Altman graphical method were determined.

## Results

57.41% presented CVC, being the most affected the Aortic valve in 35.2% of the population. This group of patients was significantly younger but with higher comorbidities. CVC group had a longer HD vintage, higher volumes and dialysis blood flows and significantly higher levels of 25OH-VitD. KI showed significant differences between groups with and without CVC, but not AI. Logistic regression analysis showed as predictors of CVC occurrence: age, time in HD, Charlson index and KI. In the ROC analysis curves it was determined that an KI > 6 points is associated with the presence of CVC [Area under the curve (AUC) = 0.709; CI: 0.601-0.817; p=0.0001] with a sensitivity of 63.3%, specificity of 70.3%, positive predictive value of 70.37% and negative of 63.33%. The inter-observer ICC was 0.88 (95% CI 0.38-0.96, p=0.0001), with a cloud of uniform distribution points on the Bland-Altman chart.

## Conclusion

**Vascular calcification screening using an affordable, low-cost method such as lumbar radiography followed by Kauppila Index estimation may help to identify patients with a high likelihood of presenting Cardiac Valve calcification to earlier and active intervention to attenuate your progression.**

## References

1. Kauppila LI, Polak JF, Cupples LA, Hannan MT, Kiel DP, Wilson PW. New indices to classify location, severity and progression of calcific lesions in the abdominal aorta: a 25-year follow-up study. *Atherosclerosis*. 1997 Jul 25;132(2):245-50.
2. Kidney disease: Improving Global Outcomes (KDIGO) CKD-MBD Work Group. KDIGO clinical practice guideline for the diagnosis, evaluation, prevention, and treatment of chronic kidney disease-mineral and bone disorder (CKD-MBD). *Kidney-Int*. 76(Suppl 113):S1-S130. 2009.
3. Goodman, W.G.; London, G.; et al.: Vascular calcification in chronic kidney disease. *Am-J-Kid-Dis*. 43(3):572-579. 2004.
4. Coll, B.; Betriu, A.; Martínez-Alonso, M.; et al.: Large artery calcification in dialysis patients is located in the intima and related to atherosclerosis. *Clin-J-Am-Soc-Nephrol*. 2010.
5. Bellasi A, Ferramosca E, Ratti C, Block G, Raggi P. Cardiac valve calcification is a marker of vascular disease in prevalent hemodialysis patients. *J Nephrol*. 2012 Mar-Apr;25(2):211-8.

## PATIENTS CHARACTERISTICS AND ECHOCARDIOGRAM CALCIFICATION PRESENCE – ROC ANALYSIS

	Without Calcif. Echocardiogram	With Calcif. Echocardiogram	P
n	30	31	
Age (years)	76.23 ± 8.83	71.54 ± 14.45	0.049
HD vintage (Months)	38.17 ± 39.01	63.45 ± 47.86	0.013
Charlson I. By age	5.77 ± 2.18	6.94 ± 1.44	0.025
Female %	16.67 %	29.03 %	0.251
Diabetes %	46.67 %	38.71 %	0.53
HBP %	86.67 %	93.55 %	0.367
Smoking %	46.67 %	35.48 %	0.375
Dyslipidemia %	56.67 %	61.29 %	0.714
Cardiovascular dis. %	63.33 %	80.65 %	0.132
OSAHS %	6.67 %	9.68 %	0.668
LV hypertrophy %	86.67 %	96.77 %	0.15
Previous transplant %	3.33 %	9.68 %	0.317
KAUPPILA I.	4.35 ± 4.59	7.53 ± 4.61	0.009
ADRAGAO I.	3.58 ± 3.1	3.93 ± 2.46	0.575
Hct %	35.29 ± 6.14	35 ± 4.78	0.603
Hb g/dl	11.52 ± 1.9	11.53 ± 1.56	0.801
P mg/dl	4.56 ± 1.4	4.63 ± 1.04	0.724
Ca mg/dl	9.11 ± 0.56	9.14 ± 0.44	0.68
Ca*P (mg/dl) <sup>2</sup>	41.33 ± 12.21	42.25 ± 9.63	0.644
iPTH ng/l	305.37 ± 416.27	262.58 ± 151.96	0.569
25-OH ng/ml	17.17 ± 6.99	20.59 ± 7	0.023
Glucose mg/dl	127.03 ± 70.39	98.42 ± 28.46	0.27
Hb A1C %	7.15 ± 1.74	5.98 ± 0.83	0.054
Total protein. g/dl	6.74 ± 0.56	6.78 ± 0.58	0.84
Albumin g/dl	4.02 ± 0.38	3.93 ± 0.42	0.15
B2-mg mg/L	27.95 ± 7.3	32.07 ± 10.7	0.056
HDL mg/dl	47.63 ± 14.97	41.45 ± 14.38	0.078
LDL mg/dl	77.4 ± 31.84	77.67 ± 31.9	0.851
Total Col mg/dl	147.97 ± 36.84	145.61 ± 38.33	0.931
TG mg/dl	118.23 ± 64.76	132.16 ± 71.67	0.544
Alk. phosphatase UI/L	98.6 ± 40.32	101 ± 39.82	0.54
Pre HD Cr mg/dl	8.04 ± 2.16	7.63 ± 1.44	0.639
C-RP mg/L	11.77 ± 14.08	17.62 ± 20.04	0.191
Fibrinogen mg/dl	488.07 ± 106.91	491.58 ± 96.18	0.69
Ferritin g/l	438.53 ± 301.78	443.94 ± 264.65	0.724
TSAT %	30.8 ± 15.43	28.61 ± 8.1	0.795

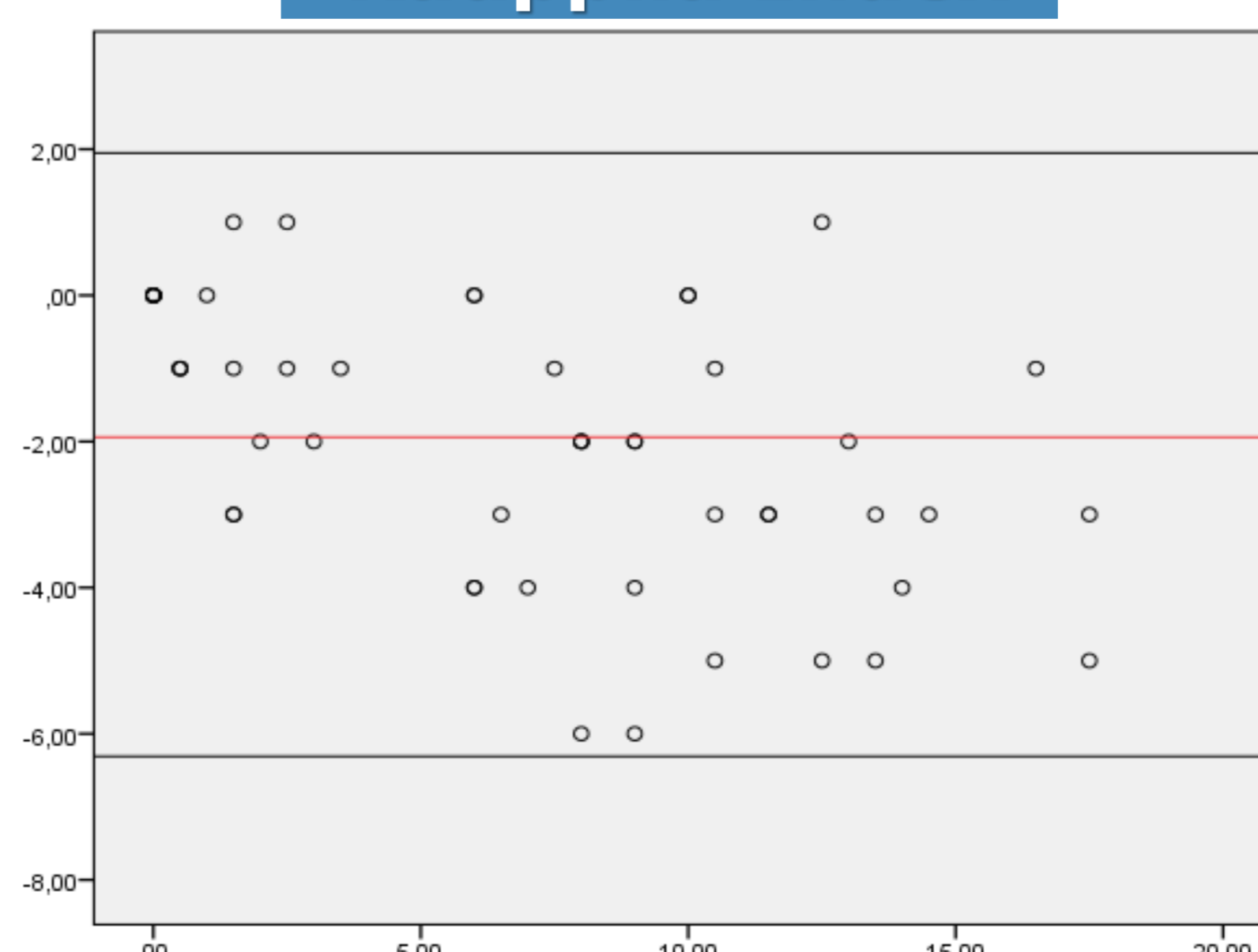
	Without Calcif. Echocardiogram	With Calcif. Echocardiogram	P
n	30	31	
KAUPPILA I.	4.35 ± 4.59	7.53 ± 4.61	0.009
ADRAGAO I.	3.58 ± 3.1	3.93 ± 2.46	0.575
Pts with Iron	40,00%	41,94%	0.878
Fe IV µg/month	150 ± 112.82	173.08 ± 191.07	0.733
Fe IV µg/Kg/month	2.38 ± 2.03	2.62 ± 2.97	0.765
Pts with EPO	83,33%	74,19%	0.384
EPO mes	16133.33±17574.93	12000 ± 19361.47	0.086
UI/Kg/week	60.66 ± 74.81	41.16 ± 67	0.096
ERI	5.51 ± 6.84	4 ± 6.92	0.096
A-V fistula (%)	46.67%	67.74%	0.096
Qb ml/min	362.63 ± 36.08	379.45 ± 31.28	0.036
Qd ml/min	418.8 ± 56.23	414.9 ± 45.05	0.925
Treatment min/week	704.17 ± 85.06	723.84 ± 101.85	0.8
Blood Vol L/week	255.77 ± 42.87	274.13 ± 37.31	0.042
Kt/V OCM	1.73 ± 0.31	1.83 ± 0.35	0.168
Kt OCM	49.22 ± 5.17	50.53 ± 7.26	0.292

## Bland - Altman Graph

	CCI	95% CI		P
		Lower	Upper	
<b>Kaupilla</b>	0.883	0.388	0.96	<0.0001
<b>Adragao</b>	0.836	0.73	0.902	<0.0001

## Kauppila Index



## Adragao Index

