C reactive protein is modulated by subclinical inflammation in kidney allograft surveillance biopsies

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Introduction

- C reactive protein (CRP) mild persistent elevation is associated with chronic inflammation and cardiovascular morbi-mortality.
- CKD and renal function impairment are independent predictors of ulletCRP increase.
- In kidney transplantation, CRP increased levels are associated with poorer graft outcome.

Aim

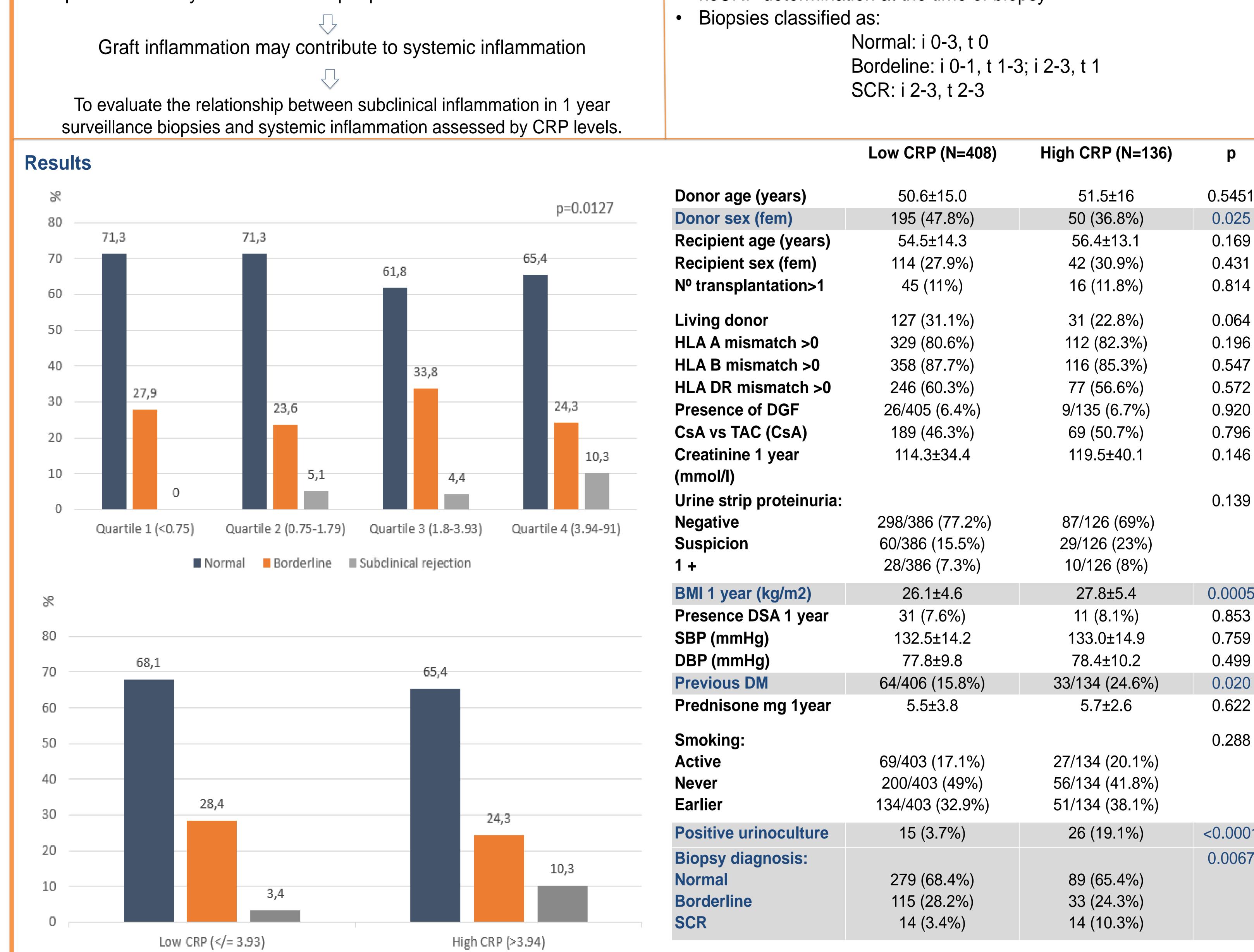
Clinical and subclinical kidney allograft acute rejection (SCR) is associated Surveillance 1 year biopsies: with proinflammatory modifications of peripheral blood mononuclear cells

Material & methods

Patients (n=544):

- Kidney transplantation performed at Rikshospitalet between 2009-2012.
- Standard immunological risk patients and CNI based IS
- Stable clinical situation, proteinuria <1+, creatinine < 300mmol/L

hsCRP determination at the time of biopsy



0.0005 0.853 0.759 0.499 0.020 0.622 0.288 < 0.0001 0.0067

Borderline Subclinical rejection Normal

Conclusion

The presence of subclinical tubulo-intersticial inflammation in one year post-transplantation surveillance biopsies is an independent predictor of increased hsCRP levels

	Ρ	OR	95% CI
Donor sex (male)	0.0566	1.524	0.988-2.350
BMI 1 year	0.0016	1.072	1.027-1.119
Previous DM	0.2797	1.335	0.791-2.253
Biopsy diagnosis: Borderline	0.6475	0.893	0.549-1.452
SCR	0.0163	2.760	1.205-6.323
Positive urinoculture	<0.0001	7.260	3.530-14.935

