Evaluation of Physiological and Biochemical Parameters in Living Kidney Donors – Pre and Post Donation

Clinical Nephrology



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Introduction

- Early studies have shown that kidney donors live longer¹.
- However it was reported subsequently that kidney donors developed renal failure².

Development of hypertension and proteinuria was also reported^{3,4}.

| Parameter | At Baseline | Post- nephrectomy | p-value |
|---|-------------|----------------------|---------|
| Blood pressure - Systolic | 124±7.2 | 129.8±10.7 | <0.001 |
| Blood pressure – Diastolic | 82.2±4.6 | 82.2±5.8 | NS |
| GFR (ml/min) | 79.0±8.9 | 67.1±6.6 | <0.001 |
| Sr. Homocysteine (µmol/L) | 5.89±1.38 | 8.12±3.46 | <0.001 |
| FeCa % | 2.3±0.39 | 2.26±0.43 | NS |
| FePO4 % | 10.39±1.18 | 10.5±1.15 | NS |
| FeUa % | 8.32±0.84 | 8.5±0.74 | NS |
| 24 hr Urinary protein (g/g creatinine) | 0.138±0.04 | 0.197±0.19 | NS |

- **Tubular functions may also alter after kidney donation**
 - Significant decrease in renal calcium excretion⁵.
 - Changes in uric acid excretion⁶.
- In India living donors constitute the bulk of kidney donors
 - There is paucity of Indian data on long term complications such as proteinuria and CKD after donor nephrectomy
- No Indian data on various tubular functions after kidney donation
 - Hence we conducted a composite study of various physiological and biochemical parameters in a cohort of living kidney donors pre and post donor nephrectomy

Objectives

- To study the following physiological and biochemical parameters pre and post donor nephrectomy:
 - Hypertension
 - Proteinuria

Comparison of change in 24 hr Proteinura and GFR stratified by Age

| Parameter | Age<45 (n=72) | Age>45 (n=36) | p-value |
|---|------------------|------------------|---------|
| Δ 24 hr proteinuria g/g creatinine) | 0.078+0.213 | 0.014+0.091 | 0.03 |
| ΔGFR (ml/min) | -10.95+9.3 | -12.91+10.6 | 0.35 |

Kidney Biopsy in Donors

- Two donors underwent kidney biopsy for clinically indications
 - One had acute interstitial nephritis
 - The other had non-proliferative glomerulopathy

- **DTPA-GFR**
- Fractional excretion of
 - ✤ Calcium
 - Phosphate
 - Uric acid
- look for presence of hyperhomocystenemia post donor То nephrectomy

Subjects & Methods

- Living kidney donors were evaluated
 - At baseline
 - Post donor nephrectomy (at least 3 mths)
- 24 hour urine collection in a state of clinical euhydration for excretion of protein and creatinine
- Fractional excretion of calcium, phosphate and uric acid
- GFR was evaluated by two sample plasma clearance of ^{99m}Tc-DTPA in all donors

Both the donors responded satisfactorily to treatment

Conclusions

- Healthy Indian kidney donors have GFR of about 80 ml/min, which is lower than the Western data
- At a mean follow-up of one year post donor nephrectomy there is a small risk of systolic hypertension.
- There is statistically insignificant increase in proteinuria.
- There is significant decrease in GFR
- The decrease in GFR is not different in donors more than 45 years in age.
- There are no changes in the fractional excretion of calcium, phosphate and uric acid
- Serum homocysteine rises significantly
- Occasionally kidney biopsy may be required in the donors. Early and appropriate treatment is helpful in reversing the disease.
- Serum homocysteine was done by chemiluminescence method

Results

- 108 kidney donors were studied
- Male:Female 42:66
- Age: 44.4±9.1 yrs (24-65)
- Follow-up 04-97 months
 - Median 7 months

References

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