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Conclusion: Oscillometric measurement of 24-hour pulse wave velocity is a simple and valid method and has an additional predictive value for all-cause mortality in elderly patients with end-stage renal disease.

References

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IMPACT OF KIDNEY TRANSPLANTATION ON AORTIC STIFFNESS INDEX β_0

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Purpose/ Background/ Objectives: We have shown that aortic stiffness improves as early as 3 months post-kidney transplantation (KTx). Aortic stiffness index β_0 , a blood pressure independent parameter, has been proposed to be a better indicator of vascular wall property. This study was designed to examine 1) the early versus late changes in aortic stiffness index β_0 and 2) to define the characteristics of patients with favourable and unfavourable trajectories of aortic stiffness index β_0 after KTx.

Methods: In 79 patients who underwent KTx, aortic stiffness was assessed before, 3, 6 and 24 months after KTx. Aortic stiffness was determined by carotid-femoral pulse wave velocity (cf-PWV), while aortic stiffness index β_0 was obtained using a formulae proposed by Spronck and colleagues. Cytokines profile was measured in plasma by ELISA.

Results: There was a reduction of β_0 3 months after KTx (29.0 ± 2.0 to 25.8 ± 1.2 , $P = 0.033$). Then, aortic stiffness index β_0 gradually increased at 6 (28.0 ± 1.4 , $P = 0.005$ vs 3 months) and 24 months (28.3 ± 1.3 , $P = 0.003$ vs 3 months). Unfavourable progression of β_0 was not related to renal function, age, comorbidities or kidney donor characteristics. However, the unfavourable progression of β_0 was associated with higher levels of interleukin-6 ($P = 0.029$).

Conclusions: The improvement of aortic stiffness index β_0 3 months after KTx suggests that KTx leads to an early improvement of the intrinsic mechanical properties of aorta.

However, this improvement is followed by a late progression of β_0 , which is associated with increased pro-inflammatory cytokine, suggesting that activation of immune system may be involved in arterial wall remodeling in kidney transplant recipients.

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PROGRESSION OF AORTIC ARCH CALCIFICATION AFTER KIDNEY TRANSPLANT AND ITS IMPORTANCE IN PREDICTING CARDIOVASCULAR RISK: SINGLE-CENTER 2-YEAR FOLLOW-UP STUDY

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