



P117 Case Report of a Patient with Extreme Reverse Dipping Phenomenon Decades After Kidney Transplantation

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ABSTRACT

A patient with the complaint of moderately elevated blood pressure came to our office. Important data in his history was kidney transplantation in 1985, due to glomerulonephritis and since that time he was in regular nephrology care. He also had chronic lumboschialgia, chronic hypertension and stage 3b chronic kidney disease. He was included into our screening program, in which arterial stiffness and central hemodynamics were also registered with Mobil-O-Graph. Besides moderately elevated office blood pressure (143/102 mmHg, heart rate: 68/min), in ABPM extreme reverse dipping phenomenon (24 h average: 140/93 mmHg; daytime average: 130/86 mmHg; night-time average: 175/114 mmHg) was found, which was unknown until that time. The blood pressure elevation appeared immediately in supine position. Antihypertensive medications were modified. Ultrasound of the transplanted kidney did not confirm compression of the renal artery; on ECHO left ventricular hypertrophy was found. Neuropathy test described autonomic neuropathy. After the modification of antihypertensive medications, the extreme reverse dipping phenomenon was attenuated, but still present. Benfotiamine + Pyridoxine (200/200 mg daily) was started by a rheumatologist, because of chronic back pain. After a year of their administration in an ABPM control the neuroprotective medication was ineffective for the recovery of the extreme reverse dipping phenomenon, but 19 months following the initiation, the supine hypertension phenomenon was further attenuated. In conclusions, in patients decades after kidney transplantation autonomic neuropathy can lead to supine hypertension and extreme reverse dipping phenomenon on ABPM, which can be influenced with the modification of antihypertensive medications and probably with neuroprotective agents.

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