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Effect of Hypertension on Transplant Kidney Function: Three Year of Follow-up

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Abstract

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Background: Hypertension significantly increases the risk for chronic graft loss and accelerates the deterioration of transplanted kidney function. Aggressive control of blood pressure (BP) is recommended in the posttransplant period when maintenance levels of immunosuppressive drugs are achieved. The aim of this study was to investigate whether the improved control improved the graft survival. Methods: We compared transplant kidney function in two groups of hypertensive patients matched for age, gender, donor-recipient relation, primary disease, early posttransplant course, and immunosuppressant and hypertensive therapy during 3 years follow-up. The patients were divided into satisfactory and unsatisfactory controlled blood pressure. Group 1 consisted of 98 patients with satisfactory BP control (arterial pressure <160/90 mmHg) and group 2, 98 patients with unsatisfactory BP control. Results: The mean through levels of cyclosporine in whole blood were similar in both groups and did not exceed 185 ng/mL. A slow but significant increase in mean creatinine levels was observed among group 2 during 3 years follow-up, whereas, among group 1, graft function remained stable. Cardiovascular events were observed only in group 2: stroke in one patient and death because of heart failure in one patient. Factors which correlated with development of post transplant hypertension were age, gender, duration of disease before transplant, and underlying disease. Conclusion: Lowering BP, even several years posttransplantation, was associated with improved graft and patient survival in renal transplant recipients. © 2007 Elsevier Inc. All rights reserved.

Reaxys Database Information

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Indexed Keywords

EMTREE drug terms: antihypertensive agent; creatinine; cyclosporin

EMTREE medical terms: age distribution; antihypertensive therapy; article; blood pressure regulation; cardiovascular disease; controlled study; correlation analysis; creatinine blood level; disease duration; drug blood level; female; follow up; graft recipient; heart failure; human; hypertension; immunosuppressive treatment; kidney donor; kidney graft rejection; kidney transplantation; major clinical study; male; outcome assessment; patient coding; postoperative period; priority journal; sex difference; stroke

MeSH: Female; Follow-Up Studies; Histocompatibility Testing; Humans; Hypertension; Immunosuppression; Kidney Transplantation; Male; Postoperative Complications; Time Factors
Medline is the source for the MeSH terms of this document.

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