

Abstract No. **40**

Category: **Heart Failure and Cardiomyopathies**

Title: **Uremic cardiomyopathy in Patients with end stage renal disease Candidates to Kidney Transplantation**

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Abstract:

Background: Cardiovascular (CV) disease is highly prevalent in end stage renal disease (ESRD). Direct cardiotoxicity of uremic toxins has been increasingly demonstrated in recent years. Real prevalence and prognosis remains unknown.

Methods: Retrospective analysis of patients with ESRD evaluated for kidney transplant in 2017 and 2018 in a high complexity institution in Colombia.

Results: There were 232 patients, mean age 45 years (18-71), 58 % male, 37 (19-66) months in dialysis and 15 months in waiting list. CV comorbidities were hypertension (90%), diabetes (17%), coronary disease (2.6%) and heart failure (2.6%). Baseline medication included diuretics (48%), angiotensin receptor blocker (46%), beta-blocker (27%), and angiotensin-converting enzyme inhibitor (5.6%). ESRD etiology were mainly unknown (44%), hypertensive (18%) and diabetic (12.5%). Echocardiographic data shown in table 1. Only 4 patients had LVEF < 40%; Etiology was uremic (50%), hypertensive (25%) and ischemic (25%); 4 of them had NYHA functional class I. Of all evaluated patients, 34% had diastolic alterations, mainly type I and III.

Conclusion: CV comorbidities are common in patients with ESRD, mainly hypertension. A low prevalence of LVEF <40% in ESRD patients was found, and those patients were all asymptomatic (NYHA I). ESRD is associated with higher prevalence of diastolic alterations.