Sialic Acid Is a Predictor of Cardiovascular Complications in Renal Transplantation Recipients

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Dear Sir,

Recently, Lindberg et al. [1] have identified a positive association between serum sialic acid (SSA) concentration and mortality from cardiovascular disease in a general population. Sialic acid is bound to the non-reducing end of carbohydrate chains of glyco-proteins and glycolipids. Some of these are called acute phase reactants and such substances rapidly increase in concentration after the onset of an inflammatory reaction or injury [2]. Although the cause of the association between SSA and mortality from cardiovascular disease is not known, a possible explanation of this fact is that SSA concentration may reflect the existence or the activity of an atherosclerotic process [1].

We have examined SSA concentration [3] in a group of 87 renal transplant recipients (RTR, 57 males, 30 females, age 40 ± 12.4, mean ± SD, years, time since transplantation more than 6 months, creatinine level 132 ± 59.2 µmol/l) treated with conventional therapy (prednisone, azathioprine and/or ciclosporin) and we have compared them with a group of 41 healthy subjects (29 males, 12 females, age 43 ± 13.8 years).

SSA levels were higher in the RTR group in comparison with the control group (77 ± 10.5 mg/dl, range 55-105, versus 66 ± 9.3 mg/dl, range 44-81; p < 0.001, Mann-Whitney test), and...
33% of the RTR were off-range of the control group SSA levels (fig. 1). No linear correlation between SSA levels and serum creatinine concentration (r = 0.090) or SSA levels, as a marker of acute phase reactants, reflected an inflammatory process localized in the graft, although time since transplantation was more than 6 months in all RTR, and there was no rejection evidence in any of them. Since cardiovascular disease is a major cause of morbidity and mortality in RTR, a tentative hypothesis is that high SSA levels in RTR reflect the increased incidence of atherosclerotic disease in this population. This hypothesis is supported by the finding that in other populations with a high incidence of atherosclerotic disease such as diabetes, SSA levels have been found higher than in non-

References


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