Letter to the Editor

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Better Transmitral Flow in Hypertensives in Comparison to Normotensive Patients with Well Functioning Kidney Transplant

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Dear Sir,

Left ventricular hypertrophy is a relevant risk factor for the cardiovascular morbidity and mortality and for the graft survival in transplanted patients [1-3].

We have evaluated two homogeneous groups of transplanted patients for age, duration of dialysis treatment and graft age with normal renal function (plasma creatinine < 1.5 mg/dl) by means of morphological and functional echocardiographic findings (M-Mode, 2D, Pw, Cw Doppler and Color). Group A: 6 patients with normal blood pressure without antihypertensive treatment, group B: 6 patients with moderate hypertension on drug therapy (5/6 on ACE inhibitors). Telediastolic intraventricular septum (TDIVS) thickness and telediastolic posterior wall (TDPW) thickness did not differ from group to group.

Functional parameters brought out either a normal systolic function (shortening fraction and ejection fraction) or a statistically significant difference in diastolic compliance (peak E, peak A and E/A ratio). In fact in patients of group B (moderate hypertensives on drug therapy) the transmitral flow rate was significantly higher with respect to those of group A (untreated normo-tensives).

Since ACE inhibitors can reverse left ventricular hypertrophy and therefore improve left ventricular diastolic function [4, 5], the findings of better diastolic compliance among the hypertensive transplanted patients may forecast a direct effect of these drugs on diastolic function irrespectively of the presence of left ventricular hypertrophy.

References

Table 1. Main characteristics of two groups
Table 2. Morphological and functional parameters across the 2 groups