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ABSTRACT

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Ambulatory blood pressure monitoring prior to kidney donation



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Introduction In kidney transplantation (KT) the requirements for organ donation has been extended to older donors or those with a history of cardiovascular (CV) disease that previously have been considered as contraindications.

Purpose This study aims to determine the interest of ambulatory blood pressure monitoring ABPM prior to kidney donation.

Methods A descriptive retrospective study of 6 living kidney donors who underwent casual clinic and ABPM.

Results In our series of 73 living donor, in 67 among them, the CV evaluation of kidney donors (KD) was limited to clinic blood pressure levels. The remaining 6 KD underwent ABPM. Subjects were between the ages of 48 and 56, with a mean of body mass index of 26.5 kg/m^2 [$22\text{--}29.5 \text{ kg/m}^2$]. The clinic systolic blood pressure (SBP) average was 138.5 mmHg [$114\text{--}150$]. For 4 cases the ABPM was used to diagnose high blood pressure (BP). The diagnosis of hypertension was rejected in 2 patient aged $< 50 \text{ y.o}$ with a clinic BP at $140/90 \text{ mmHg}$ and an ABPM daytime BP $< 135/85 \text{ mmHg}$ and also in 2 patient aged $> 50 \text{ y.o}$ with normal BP in clinic BP measurement. The ABPM was used to check the BP balance in 2 patients whom were treated by calcium channel blocker associated to an angiotensin II receptor antagonists in one case and confirmed a well-controlled

hypertension assessed by ABPM $< 130/85 \text{ mmHg}$ under treatment but one of them had a non-dipper hypertension. The following **Table 1** details the BP measures. All of them had nephrectomy for successful KT in the recipient and simple operative follow-up for the KD.

Conclusion ABPM reveals white coat effect hypertension and confirm well-controlled hypertension. It should be more frequently used before and after kidney donation. The Amsterdam Forum recommend the use of an ABPM and considers that, if KD whose BP exceeds $140/90 \text{ mmHg}$ should be generally challenged, some candidates over 50 y.o whose hypertension is easily controlled without visceral repercussions may to be considered as donors.

Table 1 Ambulatory blood pressure monitoring prior to kidney donation in 6 patients.

Clinic SBP, mm Hg	$140 \pm 13,2$
Clinic DBP, mm Hg	$90 \pm 8,1$
Average 24-hour SBP, mm Hg	$114 \pm 12,29$
Average 24-hour DBP, mm Hg	$73 \pm 8,28$
Average 24-hour day time SBP, mm Hg	$109 \pm 9,88$
Average 24-hour day time DBP, mm Hg	$63,5 \pm 8,64$
Average 24-hour night time SBP, mm Hg	$115 \pm 14,2$
Average 24-hour night time DBP, mm Hg	$71,5 \pm 11,58$
Average 24-hour night time PAM, mm Hg	$86 \pm 10,9$
Day/night %	$10,4 \pm 8,9$

Disclosure of interest The authors declare that they have no competing interest.

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