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Kidney Function in Hypertensive Patients with Left Ventricular Hypertrophy

Fonction Rénale Chez les Patients Hypertendus avec Hypertrophie Ventriculaire Gauche

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ABSTRACT

BACKGROUND: Impairment of kidney function is one of the long-term sequelae of hypertension and it contributes to increased morbidity and mortality in hypertensive patients. Left ventricular hypertrophy (LVH) is a common complication of hypertension which can worsen the outcome in affected patients. This study was designed to compare kidney function in hypertensive patients with LVH with that in hypertensive patients without LVH.

METHODS: The study was conducted among hypertensive patients attending cardiology clinics at two tertiary hospitals in Nigeria. A questionnaire was used to obtain demographic and clinical information from the participants. Kidney function was determined by measuring serum urea and creatinine, urinary creatinine and microalbumin. Echocardiography was performed to detect LVH. Results of kidney function tests were compared between participants who had LVH and those who did not.

RESULTS: Of the 105 participants recruited, 58 (55.2%) were males. The median age of all participants was 52 (interquartile range (IQR) 40-61) years and LVH was confirmed in 48 (45.7%) of them. Participants with LVH were older (55 vs 49 years; $p=0.02$) but had lower weight (74 vs 78 kg; $p=0.04$). Participants without LVH had higher microalbuminuria (5.2 vs 4.05 mg/dl; $p=0.03$), lower estimated glomerular filtration rate (62 vs 92 ml/min/1.73 m²; $p=0.004$), and higher stages of CKD.

CONCLUSION: Hypertensive patients with LVH had lower levels of microalbuminuria, higher estimated GFR, and lower stages of CKD compared to those with no LVH. **WAJM 2024; 41 (1): 30 - 35.**

KEYWORDS: Left ventricular hypertrophy, Hypertensive, Kidney function, Chronic kidney disease

RÉSUMÉ

CONTEXTE: L'altération de la fonction rénale est l'une des séquelles à long terme de l'hypertension et contribue à une morbidité et une mortalité accrues chez les patients hypertendus. L'hypertrophie ventriculaire gauche (HVG) est une complication fréquente de l'hypertension qui peut aggraver le pronostic chez les patients concernés. Cette étude visait à comparer la fonction rénale chez les patients hypertendus avec HVG à celle des patients hypertendus sans HVG.

MÉTHODES: L'étude a été menée auprès de patients hypertendus fréquentant des cliniques de cardiologie dans deux hôpitaux tertiaires au Nigeria. Un questionnaire a été utilisé pour obtenir des informations démographiques et cliniques auprès des participants. La fonction rénale a été déterminée en mesurant l'urée sérique et la créatinine, la créatinine urinaire et la microalbuminurie. Une échocardiographie a été réalisée pour détecter l'HVG. Les résultats des tests de fonction rénale ont été comparés entre les participants présentant une HVG et ceux qui n'en présentaient pas.

RÉSULTATS: Sur les 105 participants recrutés, 58 (55,2 %) étaient des hommes. L'âge médian de tous les participants était de 52 ans (plage interquartile (IQR) de 40 à 61) et l'HVG a été confirmée chez 48 (45,7 %) d'entre eux. Les participants avec une HVG étaient plus âgés (55 vs 49 ans ; $p=0,02$) mais avaient un poids plus faible (74 vs 78 kg ; $p=0,04$). Les participants sans HVG avaient une microalbuminurie plus élevée (5,2 vs 4,05 mg/dl ; $p=0,03$), un taux de filtration glomérulaire estimé plus bas (62 vs 92 ml/min/1,73 m² ; $p=0,004$) et des stades plus élevés de maladie rénale chronique.

CONCLUSION: Les patients hypertendus avec HVG présentaient des niveaux plus faibles de microalbuminurie, un taux de filtration glomérulaire estimé plus élevé et des stades plus bas de la maladie rénale chronique par rapport à ceux sans HVG.

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MOTS-CLÉS: Hypertrophie ventriculaire gauche, Hypertension, Fonction rénale, Maladie rénale chronique

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