PREVALENCIA DE ALTERACIONES DEL METABOLISMO MINERAL ÓSEO EN PACIENTES RECEPTORES DE TRASPLANTE RENAL SEGUIDOS DURANTE 2 AÑOS EN UNA INSTITUCIÓN DE CUARTO NIVEL DE LA COSTA ATLÁNTICA

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RESUMEN

Introducción: Los trastornos Minerales Óseos son afecciones frecuentes en personas con Enfermedad Renal Crónica, El trasplante renal si bien es una terapia sustitutiva renal hereda la carga mórbida que tenía el sujeto previo a su trasplante, lo que a largo plazo aumenta el riesgo de alteraciones calcificantes y enfermedad cardiovascular, por lo cual la vigilancia de estos trastornos debe ser estricta en este tipo de población.
Objetivos: Determinar la prevalencia de trastornos del metabolismo mineral óseo en pacientes receptores de trasplante renal.
Materiales y Métodos: Se hizo un subanálisis observacional de pacientes de la Cohorte de Registro local de enfermedad renal crónica (ERC) y portadores de un aloinjerto renal funcional que fueron reclutados en un centro hospitalario de la ciudad de Barranquilla. Los criterios de Inclusión fueron: Pacientes ≥18 años, con mínimo 6 meses de seguimiento en el programa de Trasplante; A los cuales se les evaluó de manera retrospectiva variables clínicas y de laboratorio de sus exámenes del programa de seguimiento a su patología.

Resultados: Se incluyeron 138 pacientes, su gran mayoría fueron hombres (59%) con una edad promedio general fue de 43,7±12,3 años, Se encontró una prevalencia de al menos una alteración relacionada con el metabolismo mineral óseo en el 78,36% al primer mes postrasplante renal, 66,66% a los 3 meses, 69,56% a los 6 meses y 45,65% a los 12 meses. de los pacientes. La alteración encontrada con mayor proporción fue el Hiperparatiroidismo, en orden subsiguiente la Hipocalcemia, hiperfosfatemia y con menor frecuencia la Hipovitaminosis D.

Discusión y Conclusión: El hiperparatiroidismo en la enfermedad renal crónica esta usualmente relacionado con la hipercalcemia, en esta cohorte observamos que la hipercalcemia fue poco prevalente, inclusive se observó mayor proporción de personas con hipocalcemia, sin embargo, la prevalencia de hiperparatiroidismo fue alta y similar a la encontrada en las cohortes de enfermedad renal estadio Terminal. Por lo cual se concluye que los sujetos sometidos a trasplante renal tienen alta prevalencia de Hiperparatiroidismo persistente no relacionado con Hipercalcemia.

Palabras clave: Trasplante renal, receptor, mineral ósea, hiperparatiroidismo

ABSTRACT

Introduction: Bone mineral disorders are common conditions in people with Chronic Kidney Disease. Renal transplantation, although it is a renal replacement therapy, inherits the morbidity that the subject had prior to the transplant, which in the long term increases the risk of calcifying disorders and disease. cardiovascular disease, for which reason surveillance of these disorders should be strict in this type of population.

Objectives: To determine the prevalence of bone mineral metabolism disorders in renal transplant recipients.

Methods: An observational sub-analysis of patients from the local Chronic Kidney Disease (CKD) Registry Cohort and carriers of a functional renal allograft who were recruited at a hospital in the city of Barranquilla was performed. The inclusion criteria were: Patients ≥18 years old, with a minimum of 6 months of follow-up in the Transplant program; To whom clinical and laboratory variables of their examinations of the follow-up program to their pathology were retrospectively evaluated

Results: 138 patients were included, the vast majority were men (59%) with a general average age of 43.7±12.3 years, A prevalence of at least one alteration related to bone mineral metabolism was found in 78.36% at the first month after renal transplantation, 66.66% at 3 months, 69.56% at 6 months, and 45.65% at the 12 months. from the patients. The alteration found with the highest proportion was Hyperparathyroidism, in subsequent order Hypocalcemia, hyperphosphatemia and less frequently Hypovitaminosis D.

Discussion and Conclusión: Hyperparathyroidism in chronic kidney disease is usually related to hypercalcemia. In this cohort, we observed that hypercalcemia was not very prevalent, and a higher proportion of people with hypocalcemia was even observed. However, the prevalence of hyperparathyroidism was high and similar to that found in End stage renal disease cohorts. Therefore, it is concluded that subjects undergoing renal transplantation have a high prevalence of persistent hyperparathyroidism not related to hypercalcemia.

Key Words: Kidney transplant, recipient, bone mineral, hyperparathyroidism

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