



CHRONIC KIDNEY DISEASE IN AN ENDEMIC AREA FOR HUMAN AFRICAN TRYPANOSOMIAS (HAT): DOES HAT CONFER LESS SUSCEPTILITY TO KIDNEY DISEASE?

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BACKGROUND

In Sub-Saharan Africa, APOL1 risk variants that confer protection against Human African Trypanosomiasis (HAT) are associated with increased risk of CKD. We hypothesized that the prevalence of CKD in endemic area for HAT could be lower in HAT infected individuals vs uninfected ones.

OBJECTIVE

To estimate, preliminary to the quantification of the association of APOL1 risk variants with CKD, the prevalence of CKD in an endemic area for HAT.

METHODS

we cross-sectionally evaluated in an endemic area for HAT 125 adults (mean age 38 ± 14 years, 61% women) for the presence of HAT and CKD. CKD was defined as eGFR MDRD < 60 ml/min/1.73 m² and dipstick proteinuria $\geq 1+$ according to KDIGO. Logistic regression was used to evaluate the determinants of CKD.

RESULTS

Of the 125 individuals, 76 of them (61%) had HAT. CKD was observed in 11 HAT infected (14.5%) and 11 uninfected (22.5%) individuals, respectively; however, the difference was not significant ($p = 0.597$). Pulse pressure (aOR 7.4; 95%CI 2.00-26.9; $p = 0.003$) emerged as the only determinant of CKD.

CONCLUSION

The prevalence of CKD in HAT infected individuals tended to be lower vs uninfected individuals.

Key words: chronic kidney disease, prevalence, human african trypanosomiasis, black Africans.

