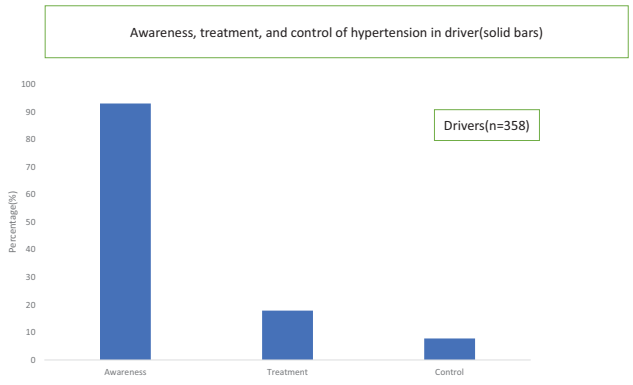

P193 BLOOD PRESSURE CHANGES IN THE IMMEDIATE POST OPERATIVE PERIOD OF LIVE-RELATED KIDNEY DONORS IN AN INDIAN COHORT: SHOULD WE BE LOOKING MORE ?

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Background & Objective: Kidney donation is associated with physiological changes (hyperfiltration, changes in renin-angiotensin-aldosterone system & vascular tone) and its effects can be more pronounced in the elderly. The immediate reduction in GFR after nephrectomy can pose a risk for development or worsening of hypertension. There is a paucity of data determining the impact of reduced GFR on BP in post-operative period. Our study aims to analyze the hemodynamics in the post-operative period after nephrectomy.

Methods: This was a prospective observational study of 30 donors who underwent live-related Donor Nephrectomy. Parameters like demography, pre- and post-nephrectomy BP (reading taken daily for every 3 hours till post-operative day (POD) 4 using BPL oscillometric device) were studied. Continuous variables were were expressed as mean & standard deviation. The Student's paired t-test was used for comparison using SPSS Windows software.

Results: The age of donors ranged from 23-73 years. Mean SBP/DBP was 112.69 ± 5.44/76.77 ± 3.78 mmHg in donors <50 years, while in donors aged >50 years the mean SBP/DBP was 126.6 ± 7.9/81.7 ± 3.82 mmHg. Post-donation in donors aged <50 years (17 donors), mean S.B.P/DBP on POD 1 was 108.38 ± 4.77/76.20 mmHg followed by 108.92 ± 4.24/76.84,110.12 ± 5.42, 114 ± 4.8/78.88 ± 2.66 on POD-2, 3 & 4 respectively. After Nephrectomy in donors aged more than 50 years(13 donors), mean SBP/DBP on POD 1 was 124.38 ± 4.56/78.20 mmHg followed by 126.40 ± 4.54/79.88,127.72 ± 6.22, 130.22 ± 3.8/84.58 ± 4.24 on POD-2, 3 & 4 respectively. The BP on POD-4 was significantly higher in donors with age more than 50 years than donors with age less than 50 years ($p<0.05$).

Conclusion: After nephrectomy, blood pressure changes in the immediate post-operative period in the elderly need to be monitored closely. Frequent BP monitoring after nephrectomy should be implemented to determine risk of HTN in kidney donors.

Keywords: post-operative, blood pressure, nephrectomy, hypertension

P194 VERY LOW-DOSE CYPROTERONE ACETATE (12.5 MG/DAY) IS EFFECTIVE AS ANDROGEN BLOCKER; WELL TOLERATED AND NOT ASSOCIATED WITH HYPERTENSION DEVELOPMENT IN YOUNG FEMALE TRANSGENDER PEOPLE

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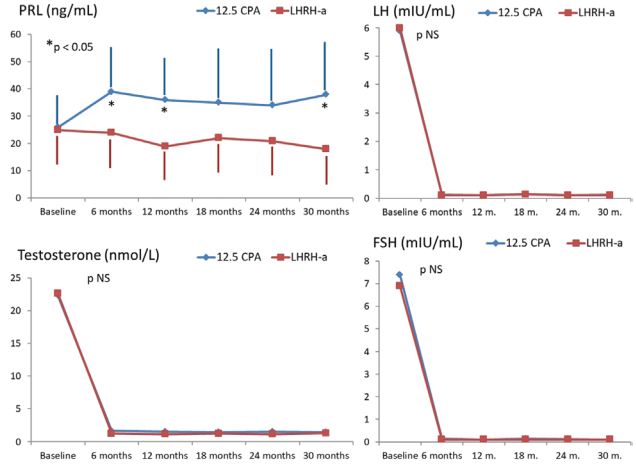
Background and Objective: Cyproterone acetate (CPA) has serious adverse effects (hyperprolactinemia, obesity, depression, thrombogenesis, liver toxicity, meningioma…) but the optimal dose has not been established. CPA is associated with a high risk of hypertension development, even with doses as low as 25 mg/day. We sought to establish if a very low CPA dose (12.5 mg/day) is effective as antiandrogen, its side effect profile, and if it is associated with hypertension development.

Methods: Consecutive non-orchidectomized transgender women <30 years were offered CPA 12.5 mg/day instead of the regular 50-100 mg/day dose, along with estradiol (individually titrated); CPA dose was increased to 25 (eventually 50) mg/day if plasma testosterone was >2 nmol/L or there was clinical hyperandrogenism. Body weight, blood pressure, AST, ALT, GGT, prolactin, FSH, LH, estradiol and testosterone were monitored. A matched group of patients with LHRH agonist as antiandrogen plus estradiol served as control. Hypertension was diagnosed according to the current ESH guidelines. All patients gave informed consent.

Results: 39 patients were recruited, median follow-up was 2.3 years. 32 were maintained on CPA 12.5 mg/day, two increased to 25 mg/day, one to 50 mg/day, two withdrew due to gender-affirming surgery; one was lost to follow-up. There were no serious side effects or related withdrawals. The control group included 35 patients without significant differences at baseline. Suppression of testosterone, LH and FSH were effective and comparable with the control group but a moderate increase in prolactin was observed (26±12 to 38±22 ng/mL, p=0.034). Neither group had changes in liver enzymes. Blood pressure and body weight did not increase significantly in either group; the incidence of hypertension was low in both groups (1 patient each).

Conclusions: Very low-dose CPA was effective and well tolerated as antiandrogen in a large majority of our patients. While CPA is reportedly associated with a striking dose-dependent increase in the incidence of hypertension in the 25-100 mg/day dose-range, the 12.5 mg/day dose appears to be safer.



P195 CARDIOVASCULAR OUTCOMES IN PATIENTS WITH AORTIC STENOSIS AND HYPERTENSION UNDERGOING AORTIC VALVE REPLACEMENT.

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Background and Objective: Aortic valve stenosis (AS) is most common valvular heart disease and in its severe form requires aortic valve replacement (AVR). The prevalence of both AS and arterial hypertension (HTN) increases with age and the conditions therefore often co-exist. Co-existence of AS and HTN is associated with higher global left ventricular (LV) pressure overload, more abnormal LV geometry and function, and more adverse cardiovascular outcome. Management of HTN in AS has historically been associated with prudence and concerns, mainly related to drug-induced potential adverse consequences.

We evaluated the cardiovascular outcomes of patients with AS and HTN undergoing to AVR

Methods: A retrospective cohort study where all the patients who underwent AVR between 2019- 2024, in a 4-level center in Bogotá, Colombia. A descriptive analysis was performed. Continuous variables were expressed as mean or median with their respective measure of dispersion, standard deviation or interquartile range (ICR), the categorical variables were expressed in proportions and absolute numbers.