



ASSESSMENT OF KIDNEY FUNCTION IN CORONARY HEART DISEASE IN RELATIONSHIP WITH THE LEVEL OF BODY MASS INDEX

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Introduction. Comparative analysis of renal function in patients with coronary heart disease (CHD), depending on the values of body mass index (BMI).

Material and Methods: 71 patients with CHD were examined. Depending on the level of BMI, 2 groups were identified: 1g. – 36 patients with BMI < 30 kg/m² and 2 g. – 35 patients with BMI ≥ 30 kg/m².

Results: Approximately 75% of patients were characterized by the presence of CKD. Namely, stage 2 CKD occurred in 47.2% of patients in group 1 and in 60% of patients in group 2 ($p=0.400$ and $\chi^2=0.708$); CKD stage 3A - in 22.2% and 17.1% of patients, respectively, in the 1st and 2nd groups ($p=0.811$ and $\chi^2=0.057$); CKD stage 3B was noted only in patients of group 1, amounting to 8.3% of cases, and in group 2 - none ($p=0.248$ and $\chi^2=1.334$). CKD of higher grades was not recorded in any patient (since this fact is a contraindication for CAG due to nephrotoxicity of X-ray contrast agents).

Calculation of glomerular filtration rate found that CKD EPI in group 1 = 70.6 ± 20.4 ml/min/1.73m² and in group 2 = 75.6 ± 15.0 ml/min/1.73m² ($p=0.244$), which indicates a relatively better renal function in patients of group 2. Correlation analysis also established a direct correlation between BMI values and CKD EPI scores ($p=0.538$; $r=0.077$; $t=0.618$).

Conclusion: The presence of elevated BMI has a “nephroprotective” effect and directly correlates with CKD EPI.