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Relationship between microalbuminuria and left ventricle hypertrophy in hypertensive patients with metabolic syndrome

Uzokov J K, Mamatkulov Kh A, Alyavi A L, Akhmedov I Yu and **Vakhidova I Kh**
Tashkent Medical Academy, Uzbekistan

Purpose: Kidney is a vital organ. Albuminuria is associated with hypertension, is a predictor for cardiovascular disease. It is conventionally diagnosed when the urine albumin–creatinine ratio is ≥30 mg/g. The study was carried out to determine the prevalence of microalbuminuria in hypertensive patients with metabolic syndrome, and its correlation with left ventricular hypertrophy.

Material and methods: This study was carried out in the first Republican clinical hospital between September 2014 to March 2015. 124 patients were enrolled in this study (aged 37-64 years old, mean age 42, 4± 12, 2). All hypertensive patients defined as systolic blood pressure >139 mm of Hg or diastolic blood pressure >89 mm of Hg as an average of three blood pressure measurements. Metabolic syndrome (MS) was defined by The National Cholesterol Education Program's Adult Treatment Panel III report. Relationship between microalbuminuria and left ventricular hypertrophy was studied.

Results: A total of 124 hypertensive patients with MS were studied. Out of 124 patients, 65 were found to be having microalbuminuria. 39 out of 83 stage I hypertensives were found to have microalbuminuria and 26 out of 41 stage II hypertensives had microalbuminuria. Out of 65 microalbuminurics 47 had left ventricular hypertrophy (p=0.0001). There was a positive correlation between microalbuminuria and stage of hypertension as well as left ventricular hypertrophy.

Conclusion: Abnormal albuminuria can be used as a marker of early recognition of the complications in hypertensive patients with MS, and control of hypertension as well as decreasing the body mass index may lower microalbuminuria and may benefit the patients by delaying the complications of hypertension and MS.

jml_uz@yahoo.com

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