Aim of the study: This study was designed to test if spiral CTA is associated with increased risk of contrast nephropathy in high-risk patients with renal insufficiency.

Patients and methods: We prospectively studied 43 patients with chronic renal insufficiency (serum creatinine >140 μmol/L), who were undergoing an spiral CTA for evaluating renal artery stenosis. Twelve patients (28%) had diabetes mellitus and renal failure. A monomeric, nonionic, low-osmolar, Iopromide, 300 mg of iodine per milliliter, (Ultrascan 300, Schering, The Netherlands) was administered in all patients. The mean dose of contrast injected was 160 ± 10 mL. Serum creatinine was measured immediately before and 24 and 72 hours after administration of the contrast agent. Radiocontrast nephropathy was defined as an increase in serum creatinine of at least 20% over baseline within 24 or 72 hours after administration of the contrast. All patients were encouraged to drink 1 liter of water during the 12 hours before and 2 liters during the 24 hours after the procedure.

Results: Mean serum creatinine was 250.5 μmol/L ±110.6 (149-705) before, 255.2 ± 114.9 (148-698) 24 hours and 263.0 ± 124.3 (141-724) 72 hours after administration of the contrast (p =0.03). Nevertheless, only two patients (4.6%) experienced an increase of 20% in serum creatinine levels. On 7th day, there was return to baseline creatinine level in the two patients.

When patients with diabetes mellitus were analysed separately, the baseline creatinine level was 259.5 ± 150.1 μmol/L (164-705), at 24 hours was 279.0 ± 158.8 (148-698), and 283.5 ± 172.1 (164-724) at 72 hours after (p =0.05).

Conclusions: Spiral CTA is a minimally invasive procedure without substantial risk of contrast material-induced nephrotoxicity, even in high-risk patients with preexisting renal insufficiency and diabetes mellitus.

Key Words: Renal artery stenosis, Contrast nephropathy, Spiral computed tomography angiography.

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RENAL FUNCTION IN RELATION TO THREE CANDIDATE GENES IN A CAUCASIAN POPULATION
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We recently found that the incidence of hypertension and femoral intima-media thickness (IMT) are influenced by epistatic interactions between the genes encoding ACE (ID polymorphism), a-adducin (Gly460Trp) and aldosterone synthase (I/D polymorphism). By interfering with BP or Na+ homeostasis, these genetic polymorphisms may also change renal function. We therefore genotyped a random population sample for these 3 genes. We measured serum creatinine and uric acid and 24-h urinary protein excretion and determined calculated and measured creatinine clearances (CrCl). The 1454 participants (64.3% of those invited) were 43.4 years old and included 744 women (51.2%). The prevalence of renal dysfunction (CrCl ≤60 mL/min/1.73 m2) was 11%. The BP measured by sitting measurements) were studied in a double-blind, randomized, placebo-controlled 1-month study of N 1g bid (n=91), C 200mg bid (n=87), IB 800 mg tid (n=91) and P (n=91) in hypertensive patients (18-75 yrs) stabilized for > 3 months (DBP <95 mm Hg) on ACE inhibitors and. The study had 90% power to show equivalence of N to P [upper 98% CI for difference in change from baseline < 9mm Hg SBP and < 5 mm Hg DBP] and 94% power to show N and C different from IB (2-sided α of 1.67 to keep overall p < 0.05 for 3 comparisons). Change (mean ± SE) in BP from Baseline (mm Hg):

<table>
<thead>
<tr>
<th></th>
<th>Placebo</th>
<th>Celecoxib</th>
<th>Nabumetone</th>
<th>Ibuprofen</th>
</tr>
</thead>
<tbody>
<tr>
<td>DBP</td>
<td>0.1±0.8</td>
<td>1.0±0.9</td>
<td>1.0±0.9</td>
<td>3.3±0.9</td>
</tr>
<tr>
<td>SBP</td>
<td>-2.1±1.4</td>
<td>1.3±1.5</td>
<td>2.2±1.4</td>
<td>5.3±1.4</td>
</tr>
</tbody>
</table>

P was equivalent to N with a difference in DBP of 0.9 mm Hg (98% CI -1.9, 3.7) and difference in SBP of 4.2 mm Hg (98% CI -2.0, 8.7). (C also would be equivalent to P) The increase in BP in N was less than with IB: DBP (p=0.06), 68%; SBP (p=0.10, 59%), and the increase with C was also less than with IB: DBP (p=0.05), 71%; SBP (p=0.03), 75%, Post-hoc analyses showed that SBP increased > 20 mm to > 140 mm in 1 P, 5 N, 4 C, and 15 IB patients (p < 0.02, IB vs C or P vs C or N = NS). Both non-selective N and COX-2 selective C differ from IB with respect to BP control in hypertensive patients on ACE inhibitors; N was equivalent to P in effect on BP control. 1. Donnan PT. Pharmacoe. Drug Safety 2000;8:S115.

SmithKline Beecham Pharmaceuticals (Employee)

Key Words: COX inhibition, Nabumetone, Celecoxib

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CONTINUOUS RELATIONSHIP BETWEEN LEFT VENTRICULAR MASS, ALBUMIN/CREATININE RATIO AND 24-HOUR BLOOD PRESSURE IN NEWLY DIAGNOSED ESSENTIAL HYPERTENSION
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The aim of the present study was to investigate the association between albumin excretion rate (AER) and left ventricular mass (LVM) within the