these findings suggest a new therapeutic potential of RAAS blockers, preferentially the production of profibrotic factors, by this ameliorate the process of renal fibrosis. All to the development of fibrosis. RAAS blockers, directly acting on fibroblasts, decrease production increases the proliferation and transformation of renal fibroblast, contributing

CONCLUSIONS:

minimizing PDGF and CTGF production (D

fibronectin accumulation (1.5 - 2.1 fold decrease in LOS and EPL

RESULTS:

Fibrotic marker levels were also measured from the kidney.

METHODS:

fibroblasts were treated with PDGF (10 ng/mL) and RAAS inhibitors. Cell proliferation,

end stage renal disease in adults. In DKD the increased activation of renin-angiotensin-

INTRODUCTION AND AIMS: The hormone resistin appear to have a relevant role on several pathological pathways in complex illness such as diabetes, cardiovascular disease, liver disease, chronic kidney disease, auto-immune disease and several inflammatory conditions. More than that, high serum resistin levels have been associated with increased risk of cardiovascular disease in the general population. Diabetic and renal impaired patients seems to present with the biggest risk. The aim of this study is to determine the role of serum resistin levels as a predictor of hospital admissions triggered by cardiovascular episodes in type 2 diabetic patients with mild to moderate CKD.

METHODS: An observational study enrolled 78 diabetic patients with mild to moderate CKD which were screened and selected in an outpatient diabetic nephropathy clinic and were followed from January 2008 to December 2016.

RESULTS: Out of the total 78 patients included, 13 were admitted at the hospital and newly diagnosed with cardiovascular pathology. There was a statistically significant result for resistin as a predictor of cardiovascular related hospital admissions (p < 0.05). Laboratory parameters such as creatinine clearance, albumin, HbA1c, phosphorous, PTH, insulin resistance, CRP, resistin and active vitamin D, were positively related to cardiovascular hospital admissions.

CONCLUSIONS: Serum resistin levels demonstrated to be a valuable instrument to predict cardiovascular hospital admissions in type 2 diabetic patients with mild to moderate CKD. Also, other factors often altered in type 2 diabetics and patients with renal impairment were associated with hospital admissions but didn’t prove to have any potential in predicting hospital admissions in this group.