mass index(BMI), office blood pressure, proteinuria, estimated GFR(CKD-EPI), blood uric acid level and electrolytes and the measurement of the remaining kidney of the donor were recorded. uAGT was measured with ELISA preoperatively and postoperative at the 15th day, 1th, 6th and 12th months.
RESULTS: One donor due to lack of data and three donors due to use of ACEi/ARB use was excluded from the study. Thirteen female, three male donors included to the study, mean age of donors was 48±9 years, mean BMI was 29 ± 3 kg/m^2, mean eGFR was 98 ± 15 ml/min/1.73 m^2. Serum creatinine, uAGT/creatinine and uAGT/protein levels were higher and eGFR was lower than the baseline values at all time. Urinary protein/creatinine levels were increasing after nephrectomy, but after six months they returned to the baseline values. The volume of the remaining kidney was increased 29 cm^3/m^2 at sixth month and 47 cm^3/m^2 at twelfth month. Renal volume changes did not show a correlation between uAGT/creatinine, uAGT/protein, eGFR or systolic and diastolic blood pressure. uAGT/creatinine at sixth month and urinary protein/creatinine ratio at twelfth month showed a positive correlation (p=0.008, r=0.639).
CONCLUSIONS: Increase of uAGT after nephrectomy in donor may be a result of hyperfiltration and compensatory hypertrophy or be a sign of early renal injury with a consequence of declining GFR. Increasing the number of donors and prolongation of the follow-up period may lead to the elucidation of the parameters associated with the increase in uAGT after nephrectomy and a better assessment of the risk associated with nephrectomy in renal donors.

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EFFECT OF UNILATERAL NEPRECHTOMY ON URINARY ANGIOTENSINOGEN LEVELS IN LIVING KIDNEY DONORS: 1 YEAR FOLLOW UP STUDY

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INTRODUCTION AND AIMS: Urinary angiotensinogen (uAGT) increases in kidney diseases like diabetes, polycystic kidney disease and also in renal transplant recipients and it may be a marker of kidney injury. We aimed to investigate the relationship of uAGT and blood pressure, estimated glomerular filtration rate (eGFR), proteinuria, and the compensatory changes in the remaining kidney of living kidney donors.
METHODS: Twenty living kidney donors included to the study and followed between May-2013 and March-2014. Preoperative, postoperative 6th and 12th months, body

Table 1. Changes to study parameters after nephrectomy compared to predonation levels (n=16).

Parameter	Preoperative	Postoperative 15th day	Postoperative 1st month	Postoperative 6th month	Postoperative 1st year	p
Cre (mg/dl) (mean ± SD)	0.73±0.14	1.09±0.25***	1.09±0.26***	1.01±0.2***	1.06±0.2***	***p<0.001
eGFR (ml/min/1.73 m²) (mean ± SD)	98±15	68±18***	67±20***	72±17***	68±16***	***p<0.001
Uric acid (mg/dl) (mean ± SD)	4.5±1.1	4.2±1.2**	5.0±1.3***	4.9±1.2***	5±1.3***	**p<0.01 ***p<0.001
UPCR (g/d) (mean ± SD)	0.06±0.01	0.09±0.04**	0.08±0.04*	0.09±0.08#	0.06±0.02#	*p<0.05 **p<0.01 #p>0.05
Office SBP (mmHg) (mean ± SD)	112±13	119±11#	113±7#	114±17#	110±9#	#p>0.05
Office DBP (mmHg) (mean ± SD)	73±8	77±9#	78±6#	76±9#	72±6#	#p>0.05
Urinary AGT/cre (median ± SE)	4.75±0.70	17.4±4.9**	28.8±6.58**	36.1±8.3**	23.9±7.7*	*p<0.05 **p<0.01
Urinary AGT/pro (median ± SE)	77±13	187±38**	312±47***	450±65***	300±62**	**p<0.01 ***P<0.001
cRV (cm³/m²)	122±22			151±31***	169±29***	***P<0.001

*Cre: Creatinine, Pro: Protein, eGFR: Estimated glomerular filtration rate, UPCR: Urinary protein/creatinine ratio, SBP: Systolic blood pressure, DBP: Diastolic blood pressure, AGT: Angiotensinogen, cRV: Corrected renal volume (Renal volume/BSA)

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