

## **MARKERS OF CHRONIC INFLAMMATION AND ADIPOKINE SECRETION IN NEPHROPATHY PATIENTS WITH TYPE 1 DIABETES MELLITUS**

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**Purpose:** The role of chronic inflammation and adipokine secretion in the progression of diabetic nephropathy is controversial. We examined the associations between high sensitive C reactive protein (hsCRP), adiponectin and the urinary albumin excretion rate (UAER) in type 1 diabetic patients from the Center of Diabetes, Nutrition and Metabolic Diseases in Iași (Romania). **Methods:** A monocentric cross-sectional study in 168 patients with type 1 diabetes mellitus (T1DM) was performed. Serum adiponectin, hsCRP and UAER estimated by albumin: creatinine ratio (ACR) were evaluated. **Results:** Our analysis included 99 men and 69 women, aged 19 to 70 years (mean 40.77±12.1 years); diabetes duration was 1 to 46 years (mean 13.08±9.07 years). ACR values below 30 mg/g (normoalbuminuria), of 30 to 299 mg/g (normoalbuminuria) and above 300 mg/g (normoalbuminuria) were present in 63.1%, 28% and respectively 8.9% of cases. Abnormal hsCRP values were found in 48.5%, 57.4% and respectively 73.3% of the normoalbuminuric, microalbuminuric and macroalbuminuric patients ( $p=0.0481$ ). Serum concentrations of total adiponectin, even though higher in macroalbuminuric patients (1.99±1.84 ng/ml) than in groups with microalbuminuria (1.55±2.15 ng/ml) and normoalbuminuria (1.46±2.5 ng/ml), did not show significant differences. **Conclusions:** Value of serum adiponectin as a marker for urinary albumin losses in patients with T1DM and nephropathy is not supported by our data. The higher prevalence of high hsCRP values in abnormal UAER groups may suggest chronic inflammation is hindering glomerular filtration, but acting differently than by influencing adiponectin levels.