phospholipid levels in wt WD mice. Phospholipids were visualized using a Nile Red staining and co-localized with vacuolated tubuli. Oil Red O Staining showed increased numbers of granules containing neutral lipids in proximal tubuli of wildtype Western diet-fed mice. Unexpectedly, no renal lipid accumulation occurred in Nlrp3ko mice fed a Western Diet. A Western diet induced cholesterol accumulation in wildtype mice despite decreased uptake, increased excretion and decreased synthesis based on gene expression analysis.

We propose a novel role for the immune receptor Nlrp3 in mediating renal cholesterol and phospholipid accumulation during the early development of Metsyn-driven CKD. Further research is conducted to investigate the therapeutic potential of Nlrp3 in early renal CKD development.

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12 HIGH BODY MASS INDEX (BMI) IS ASSOCIATED WITH ADIPOKINES AND INSULIN RESISTANCE IN NON-DIALYSED CHRONIC KIDNEY DISEASE (CKD) PATIENTS
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The aim of this study was to assess the association between body adiposity with adipokines and with insulin resistance in non-dialysed CKD patients. This is a cross-sectional study including CKD patients under regular treatment in an outpatient clinic. Glomeraluric filtration rate was estimated by MDRD equation (eGFR). The nutritional status was assessed by BMI, total body fat (BF; dual-energy X-ray absorptiometry), midarm muscle circumference and serum albumin. Laboratory parameters included serum glucose, triglycerides: lepton and insulin (radioimmunoassay); high molecular weight adiponectin (HMWAdipo; ELISA). The insulin resistance was assessed by HOMA-IR. Data are expressed as mean ± SD. One hundred and thirty four CKD patients (male = 56%; eGFR = 29 ± 13 ml/min; 65 ± 12 years old) were included. None of the patients presented protein energy wasting and most of them had BMI ≥ 25 kg/m² (overweight/obese group: OwOb). BMI was correlated with BF (r = 0.74; p < 0.0001). Both BMI groups showed similar eGFR and CKD stages distribution (stage 3:42%; 4: 37%; 5: 21%), hence the comparisons were held between groups with normal and OwOb BMI. The OwOb group had BMI, BF, glucose, triglycerides, lepton and HOMA-IR higher than normal BMI group (P < 0.05), while HMWAdipo was lower in OwOb group (P < 0.05). BMI was significantly associated with lepton (r = 0.58; HOMA-IR (r = 0.36) and HMWAdipo (r = -0.45). HOMA-IR was associated with lepton (r = 0.28) and with HMWAdipo (r = -0.29) (P < 0.01), even after adjusting for BF, eGFR, gender and age.

In conclusion, BMI and BF were associated with increased lepton and HOMA-IR, but with decreased HMWAdipo. The OwOb CKD patients presented higher risk for metabolic and cardiovascular disorders.

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13 INFLAMMATION IS ASSOCIATED WITH EXCESSIVE BODY ADIPOSITY IN NON-DIALYSED CHRONIC KIDNEY DISEASE (CKD) PATIENTS
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The purpose of this study was to evaluate inflammation in non-dialysed CKD patients with normal and high body adiposity level. One hundred and thirty four CKD patients (male=56%; age=65±12 years) were included. Comparison were held between groups with normal and OwOb BMI. The OwOb group had BMI, BF, glucose, triglycerides, lepton and HOMA-IR higher than normal BMI group (P<0.05), while HMWAdipo was lower in OwOb group (P<0.05). BMI was significantly associated with lepton (r=0.58; HOMA-IR (r=0.36) and HMWAdipo (r=-0.45). HOMA-IR was associated with lepton (r=0.28) and with HMWAdipo (r=-0.29) (P<0.01), even after adjusting for BF, eGFR, gender and age.

In conclusion, BMI and BF were associated with increased lepton and HOMA-IR, but with decreased HMWAdipo. The OwOb CKD patients presented higher risk for metabolic and cardiovascular disorders.