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Introduction:

International studies demonstrate an annual increase in the frequency and impact of sepsis in intensive care units (ICU). Dysregulation of blood pressure makes a significant contribution during sepsis, and especially septic shock. Angiotensin II receptor type 1 (AGTR1) affects the condition of the vessel wall and arteriolar tone. The AGTR1 gene encodes angiotensin II receptor type 1, which is involved in cardiovascular diseases. AGTR1 rs275651 AA genotype is associated with unstable angina. So, **the aim** of our study was to define the contribution of AGTR1 rs275651 genotypes to the course and outcomes of critical illness, complicated with sepsis.

Methods:

Study cohort included 145 ICU patients diagnosed with sepsis. 60% of patients underwent surgery, 42% were diagnosed with diabetes as a major comorbidity. AGTR1 rs275651 polymorphism was studied by using specific polynucleotide tetraprimer set to amplify gene fragments from each patient's DNA followed by analysis of PCR products in a 2% agarose gel electrophoresis.

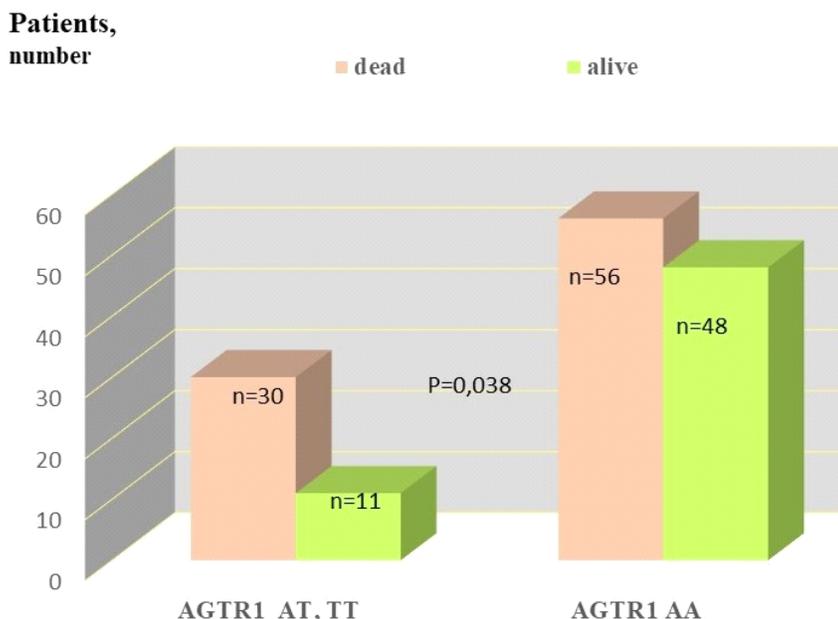
Results:

Septic shock occurred more frequently in patients with AT or TT genotype, than in homozygotic carriers of AGTR1 A ($P=0,01$, Fisher's exact test). Also, patients with more common genotype AA and with sepsis often survived ($P=0,039$, Fisher's exact test, Fig.1). SOFA values on days 1 were not different in patients of distinct AGTR1 genotypes. Expectedly SOFA values on days 2 and middle day in ICU were significantly lower in patients AGTR1 AA genotype compared to T carriers of (6,8 vs. 7,9, $P=0.04$, t-test and 6.9 vs. 8.4, $P=0.024$, respectively).

Conclusion:

AGTR1 rs275651 AA genotype associates with survival advantage in sepsis patients in ICU setting presumably because of contribution to lower multiorgan failure and decreased occurrence of septic shock.

Image :



Survival of sepsis patients depends on AGTR1 rs275651 genotypes