

# ***Prematurity: A risk factor for progression of kidney disease?***



Carolyn Abitbol, M.D.  
University of Miami Miller School of Medicine  
/ Holtz Children's Hospital



# Objectives

- Review nephrogenesis and the “oligonephropathy of prematurity”
- Know how to assess “normal renal function” in term & preterm infants
- Understand nephron mass and individual longevity (relative to gestational age)
- How to assess renal mass as a tool for management & prognosis

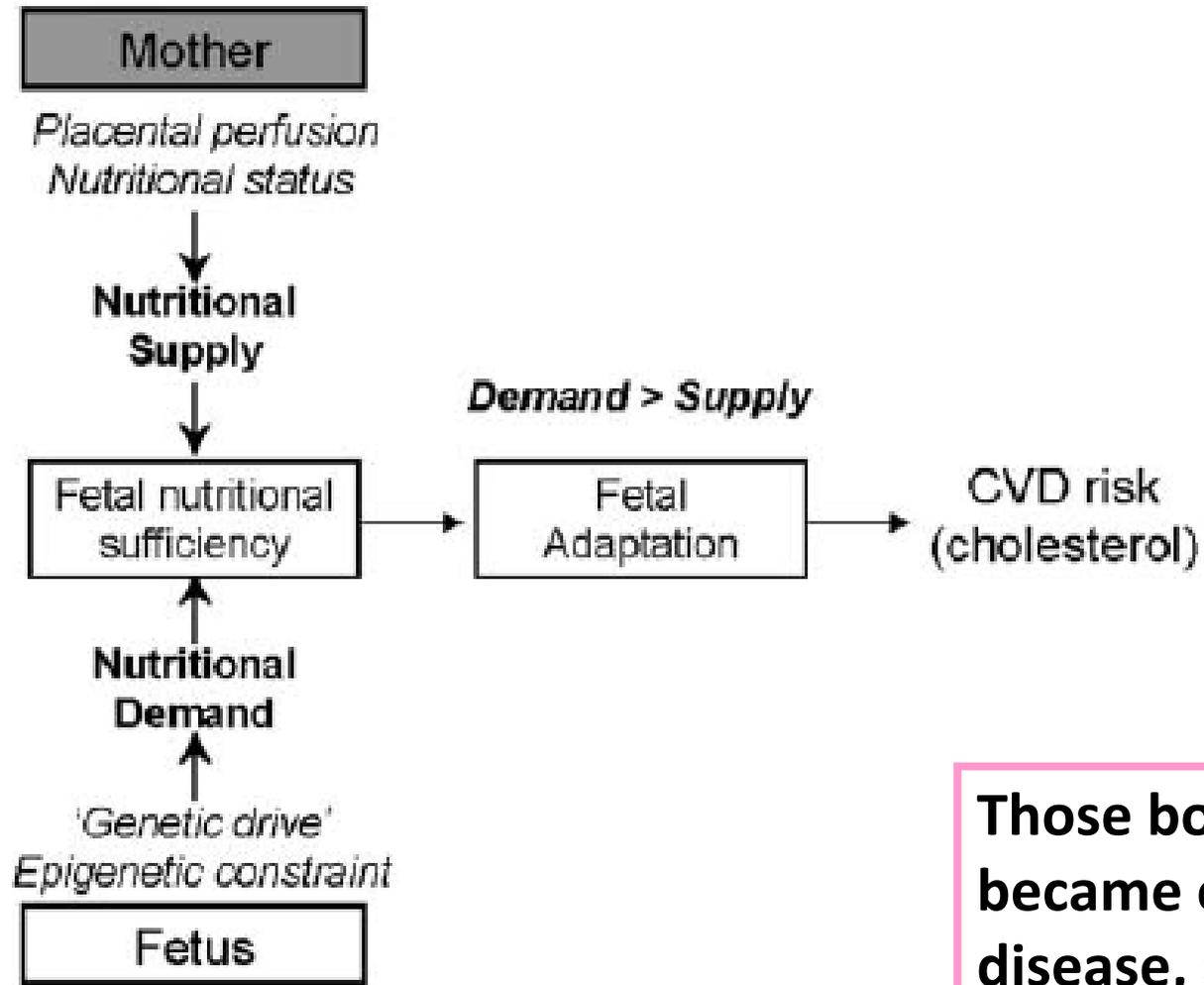
# Developmental origins of health and disease



David Barker MD PhD

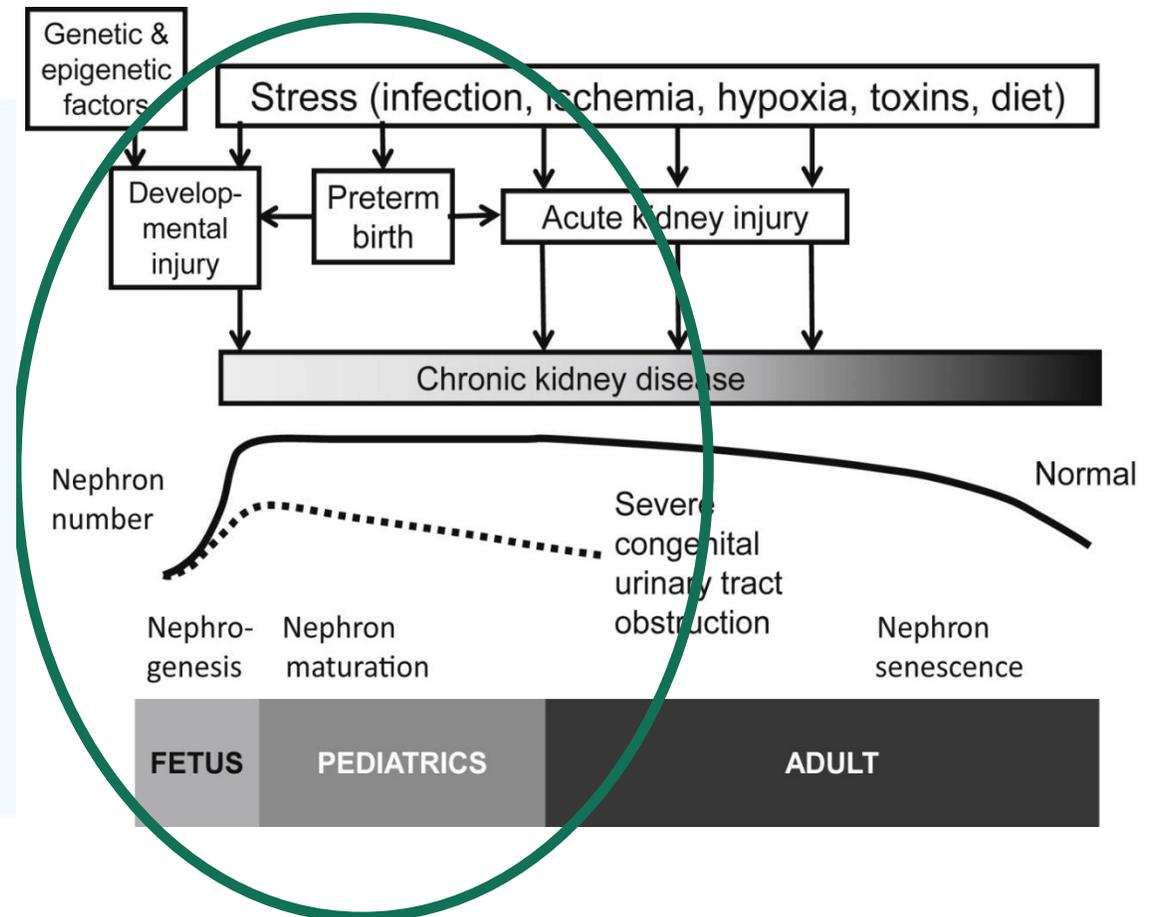
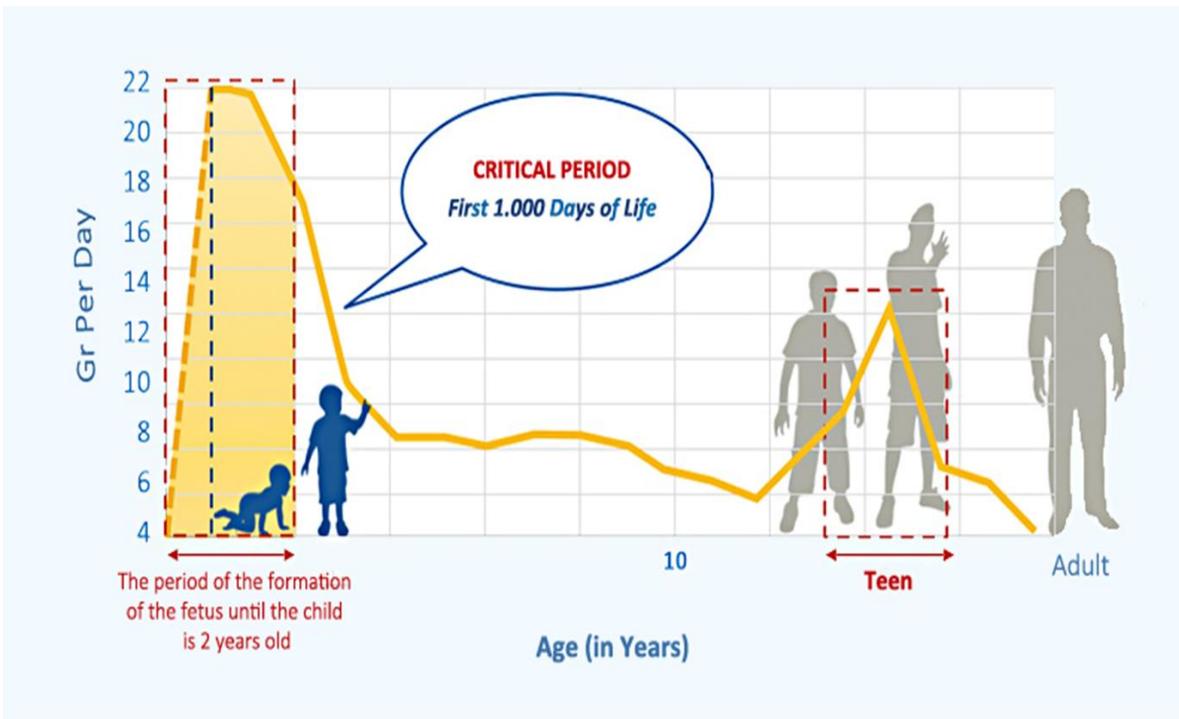


Epidemiologist who proposed the idea that common chronic diseases result not always from bad genes and an unhealthy adult lifestyle, but from poor intrauterine and early postnatal health.



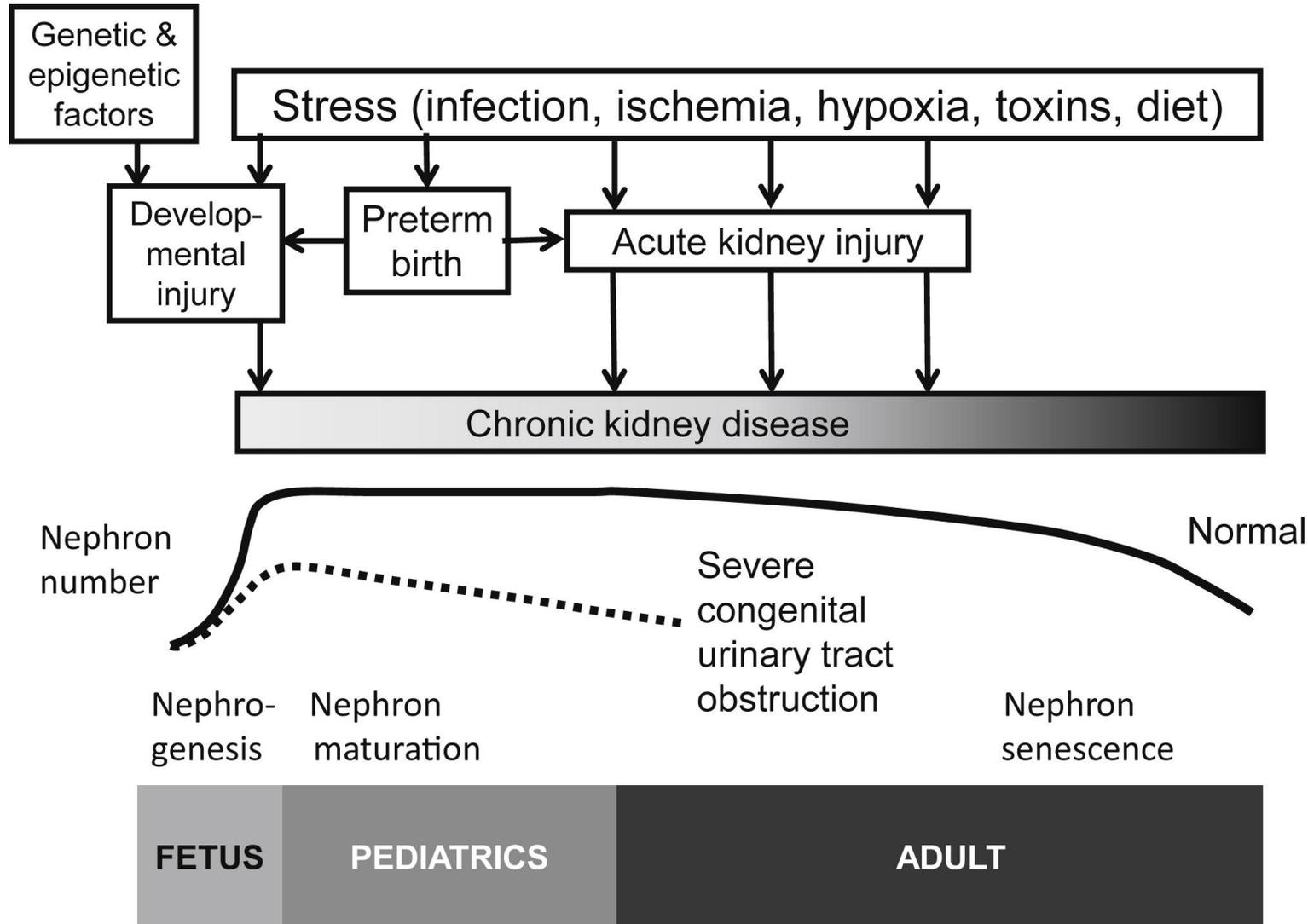
**Those born after the Dutch famine became obese, developed T2DM, kidney disease, and passed it to 3 generations.**

# The First 1000 Days: Conception through 2 years

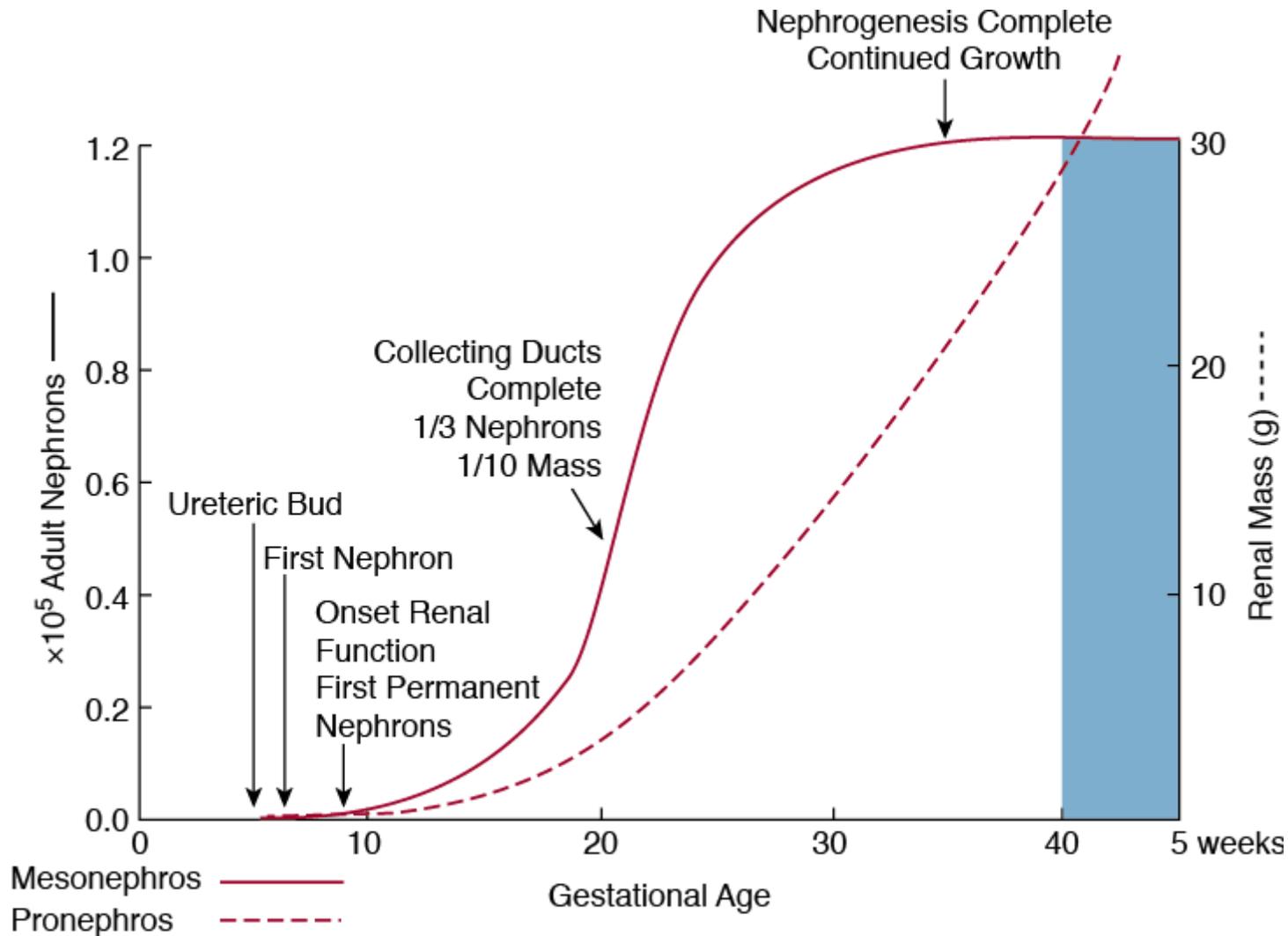


GFR INCREASES FROM 25% TO 100% BY 2 YEARS OF AGE

# The Life Cycle with CKD



# Nephrogenesis is complete in utero



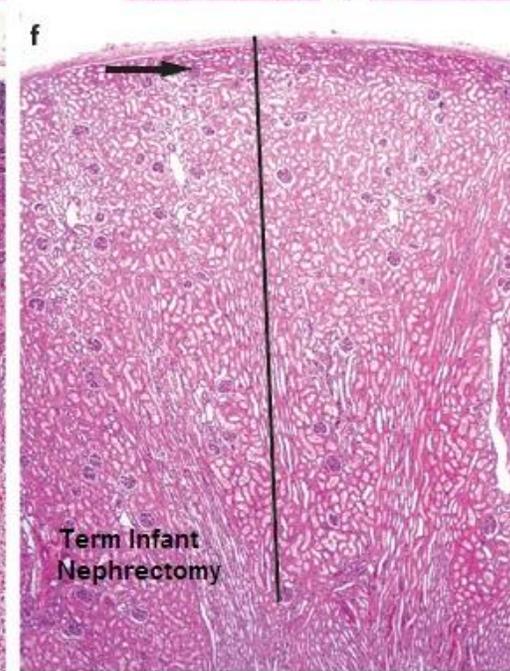
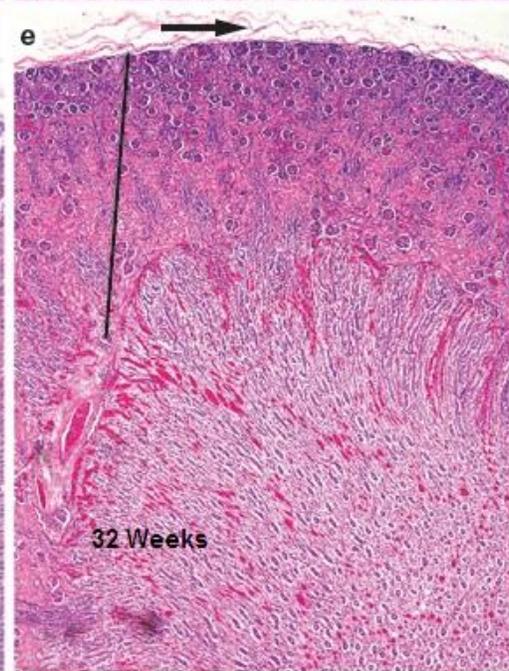
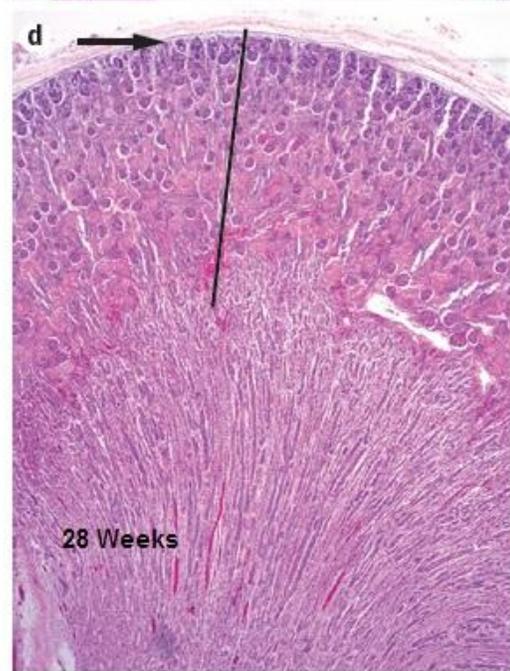
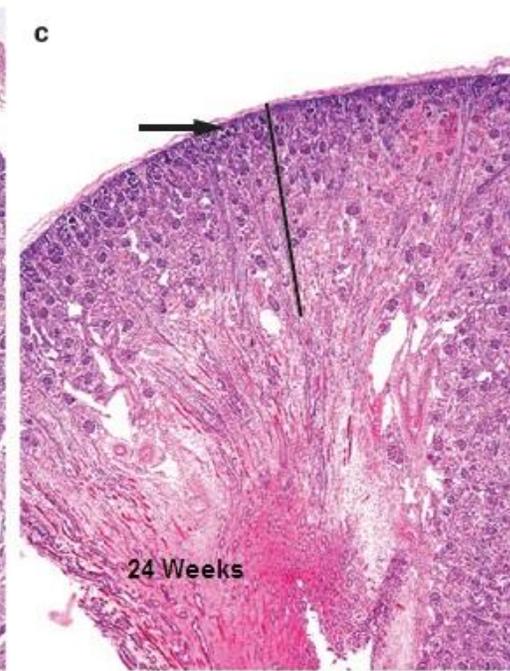
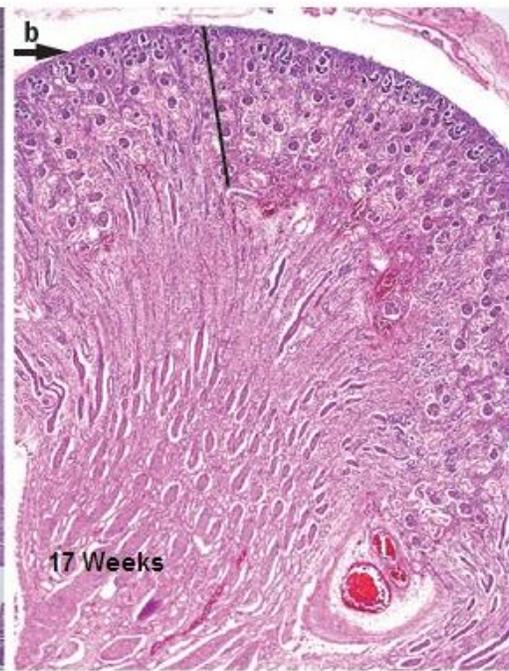
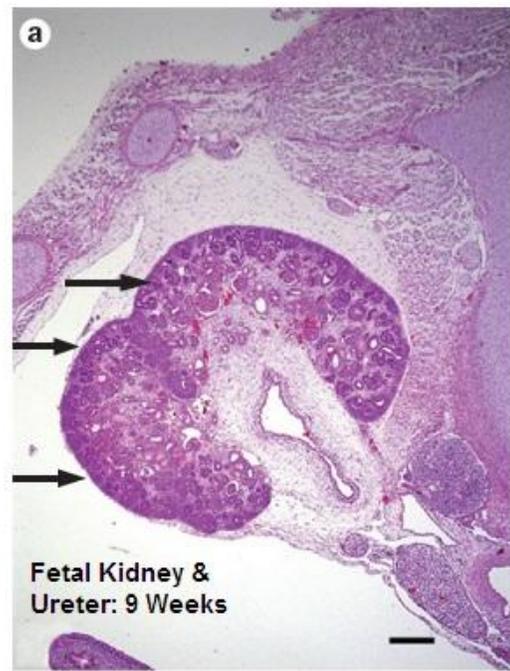
# Prematurity & Cardio Renal Disease

- **Preterm birth: 9-14% of pregnancies in the US. 6% in Europe**
- **Limit of Viability is currently extended to 23 weeks GA**
- **Long term survival has increased substantially during the past 40 years.**
- **30% of Preterm births are associated with gestational HT.**
- **Twins now comprise 3-5% of pregnancies with 60% of twins born preterm.**
- **15-20% of the ESRD program is comprised of those born <2500 grams.**

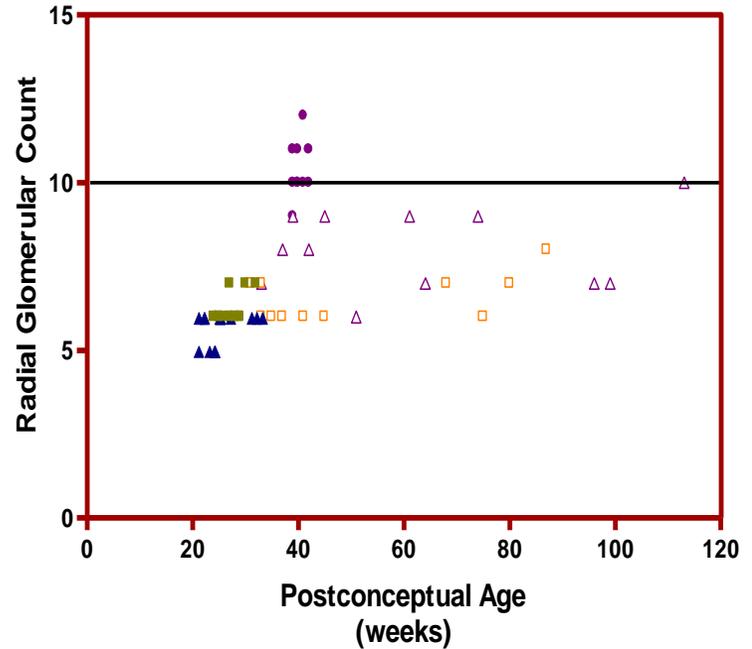
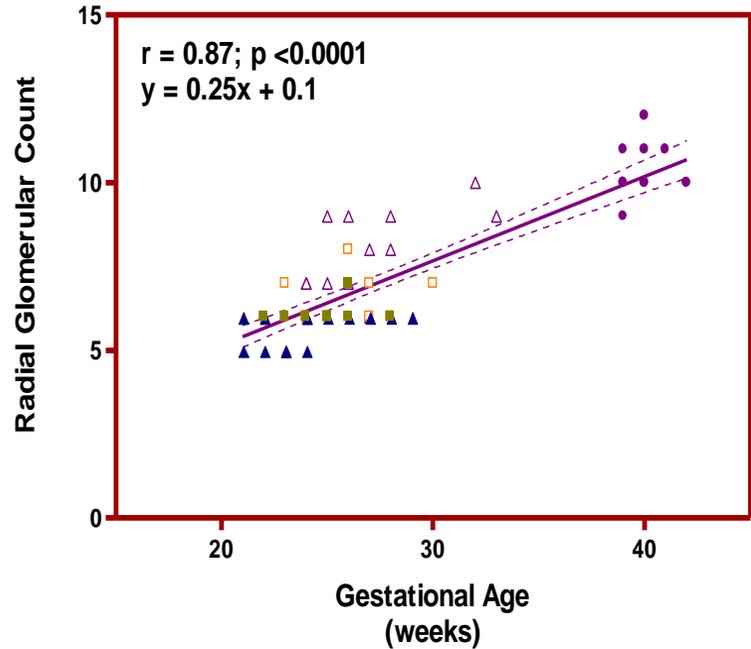


Hypothesis:

*Preterm birth provides a human model of developmental programming of cardiovascular and kidney disease in adult life.*

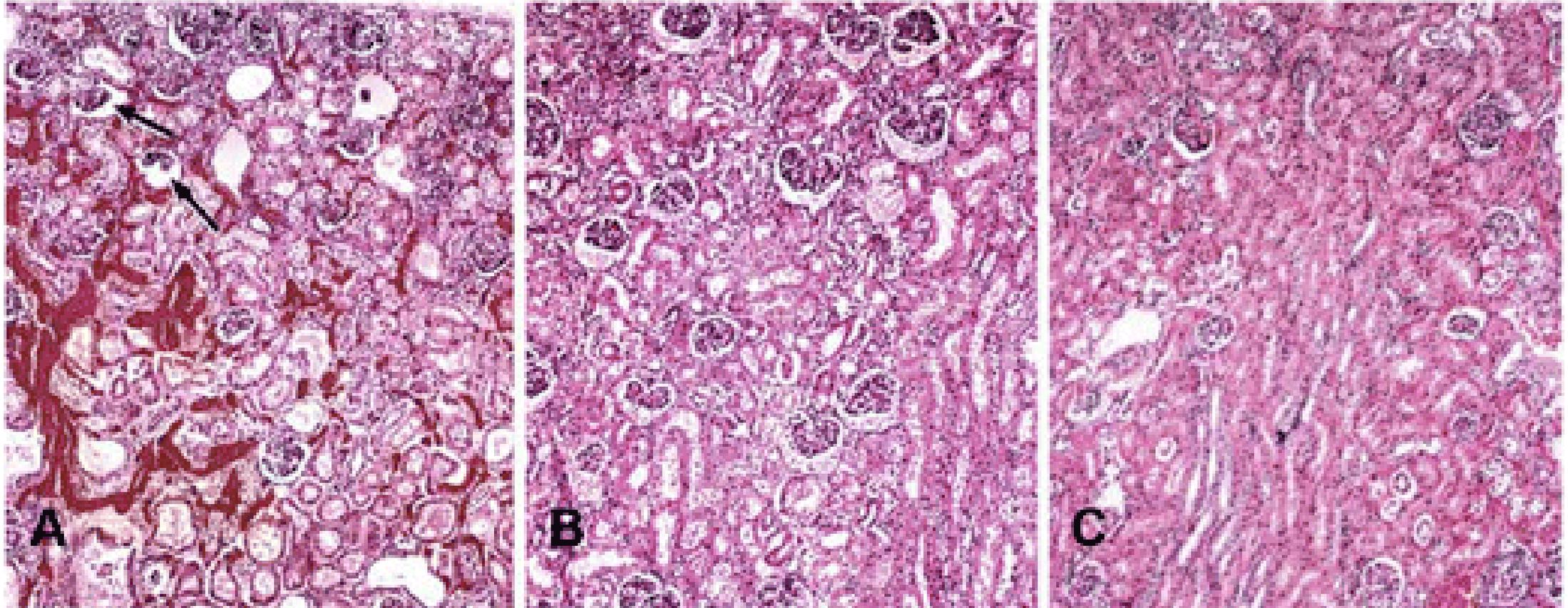


# Graphs of Radial Glomerular Counts by Gestational Age and Post-Conceptual Age



1. Nephrogenesis continued for up to 40 post-natal days; but the extreme preterm infants never achieved a full complement of radial glomerular generations compared to term infants.
2. Many abnormal glomeruli were formed during extra-uterine nephrogenesis, particularly in those with AKI.
3. Hyperfiltration with glomerulomegaly was evident in early infancy.

# Post natal nephrogenesis in preterm infants



## Histomorphometric Analysis of Postnatal Glomerulogenesis in Extremely Preterm Infants

MARIA M. RODRÍGUEZ,<sup>1\*</sup> ALEXANDER H. GÓMEZ,<sup>1</sup> CAROLYN L. ABITBOL,<sup>2</sup>  
JAYANTHI J. CHANDAR,<sup>2</sup> SHAHNAZ DUARA,<sup>3</sup> AND GASTÓN E. ZILLERUELO<sup>2</sup>

Premature infants <1000g  
n=66  
Gestational age, Postnatal age and  
+/- renal failure

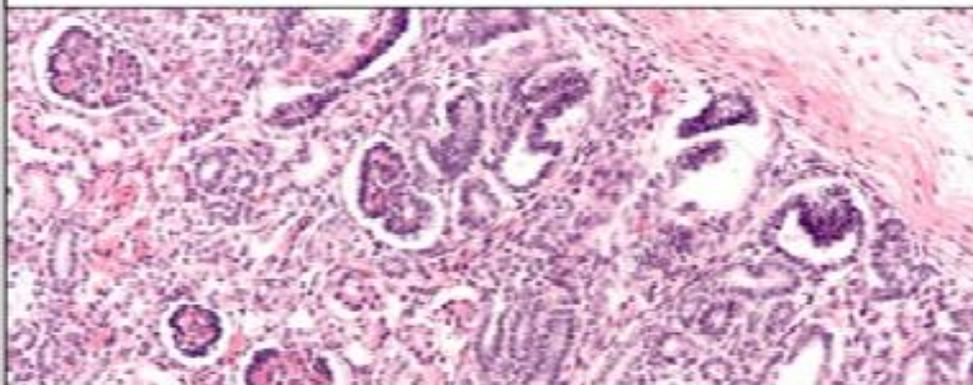
There were fewer “layers” of glomeruli (radial glomerular counts) premature infant kidneys than the term infant kidneys

Evidence of glomerulogenesis for 40 days after birth

Increased mesangial tufts and capsule area in premature infants surviving over 40 days

## Accelerated Maturation and Abnormal Morphology in the Preterm Neonatal Kidney

Megan R. Sutherland,<sup>\*</sup> Lina Gubhaju,<sup>\*</sup> Lynette Moore,<sup>†</sup> Alison L. Kent,<sup>‡</sup> Jane E. Dahlstrom,<sup>§</sup>  
Rosemary S. C. Horne,<sup>‡</sup> Wendy E. Hoy,<sup>¶</sup> John F. Bertram,<sup>\*</sup> and M. Jane Black<sup>\*</sup>



- 28 kidneys were examined from premature infants (2-68 days)
- 32 still born gestational controls
- Accelerated maturation of the kidney in the premature group
- Decreased nephrogenic zone
- More abnormal glomeruli with larger glomerular area

# Human nephron endowment

Nyengaard, 1992

n=37

617,000

(331,000-1,424,000)

Keller, 2003

n=10

1,429,200

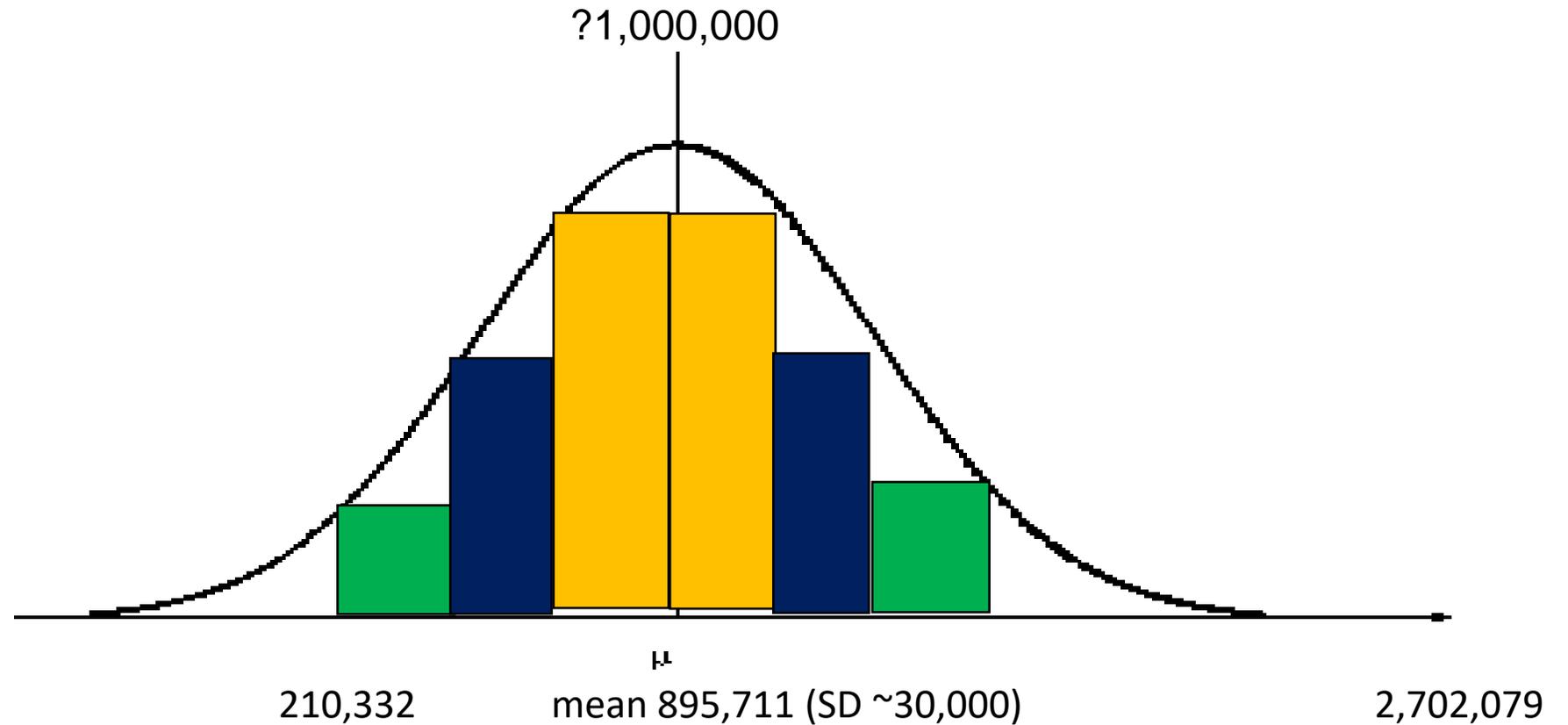
(800,000-2,000,000)

Bertram, 2011

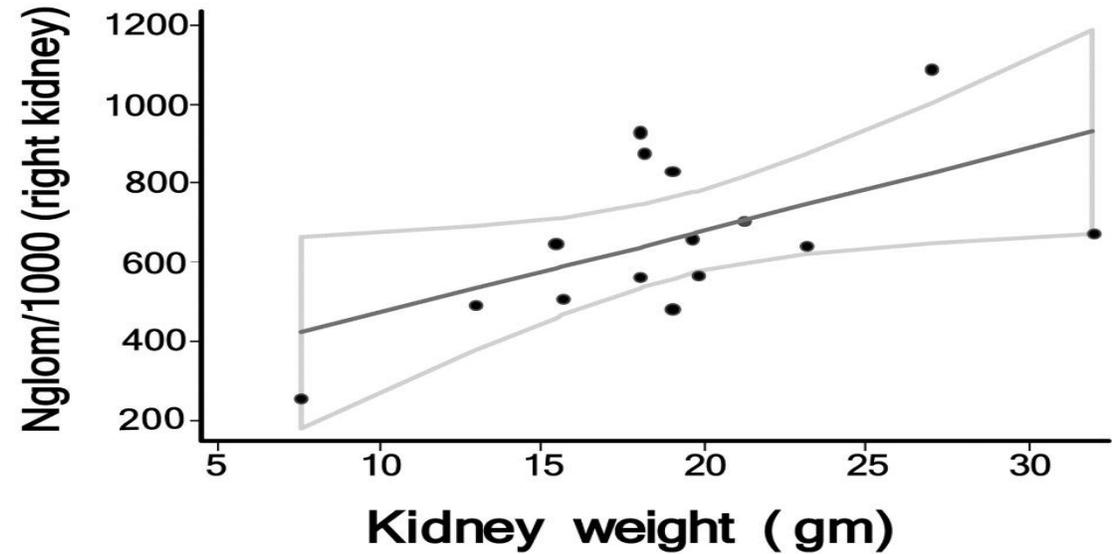
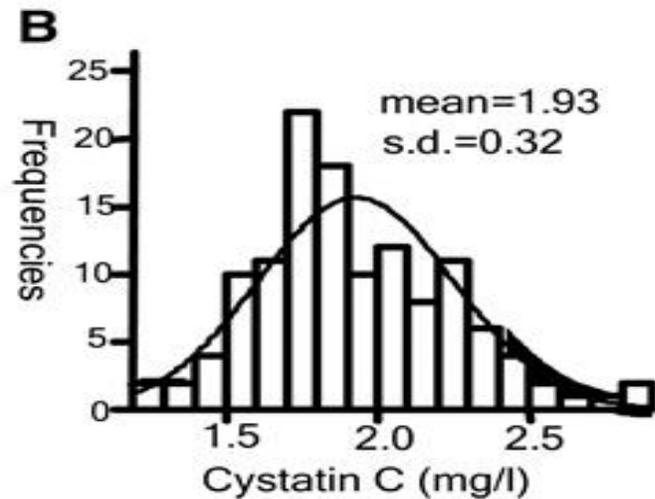
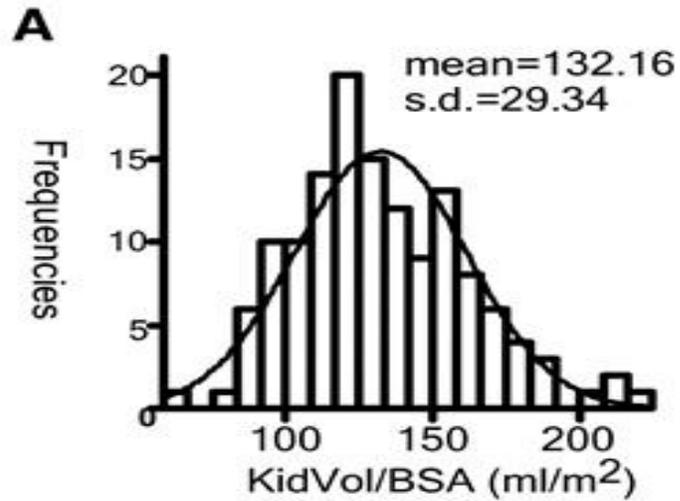
n=398

895,711

(210,332-2,702,079)



## Clinical characteristics of the newborns of white cohort (n = 136).



**C**

Mean birthweight =  $3.62 \pm 0.48$  (Kg)

Mean body surface area =  $0.23 \pm 0.02$  (m<sup>2</sup>)

Mean gestational age =  $39.44 \pm 1.10$  (weeks)

Males 53%, Females 47%

# *“Averting the Legacy of Cardio-vascular & kidney Disease: Focus on the Child”*

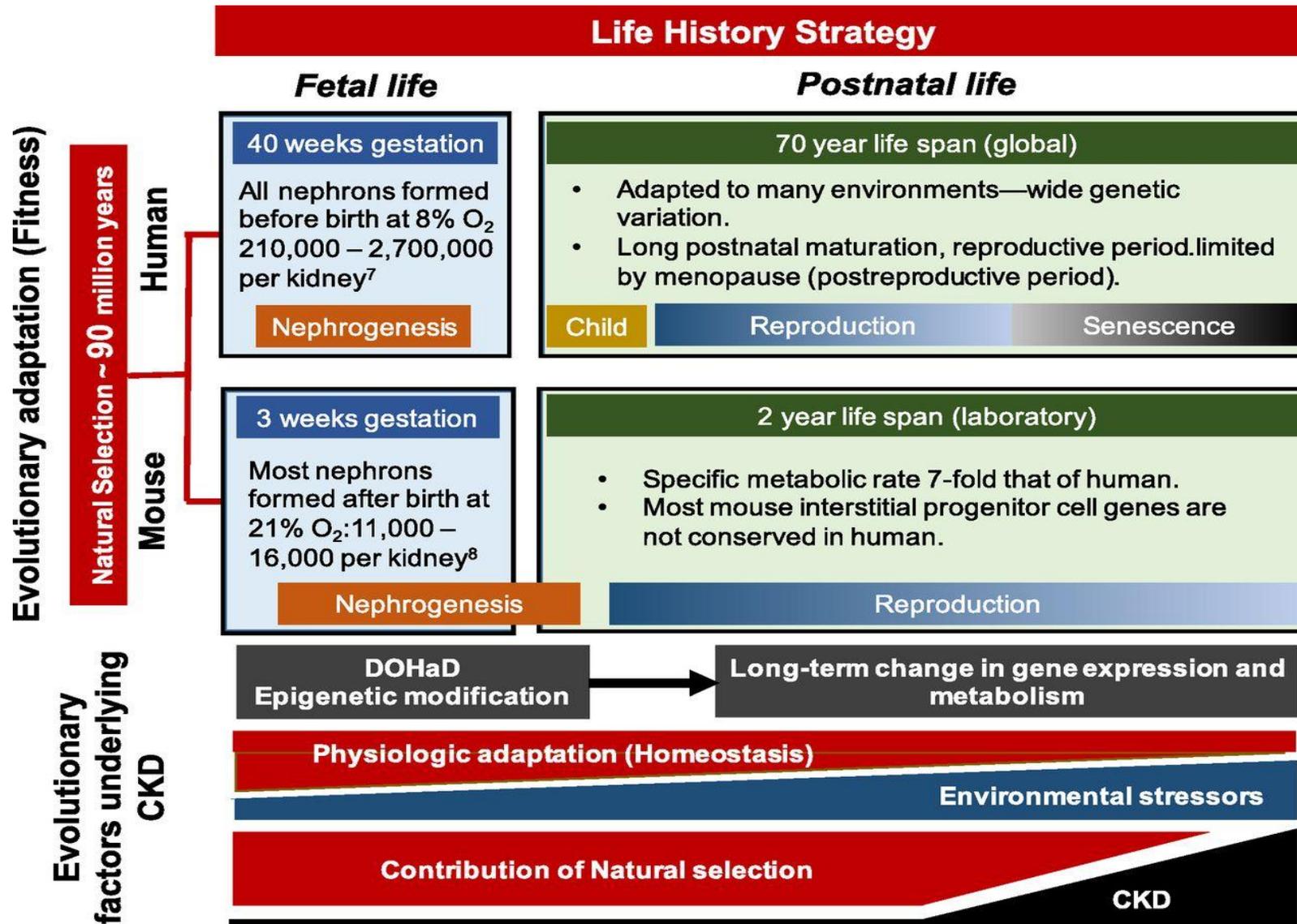
*“For in every adult there dwells the child that was, and in every child there lies the adult that will be. —*

*John Connolly, The Book of Lost Things*

Consider:

- Developmental programming and periods of *plasticity*
- The role of low birth weight and preterm birth on individual and global health
- Nephron endowment and why it is important for CVD
  - Cardio-renal Syndrome
  - *Resilience* and *senescence* and life’s trajectory

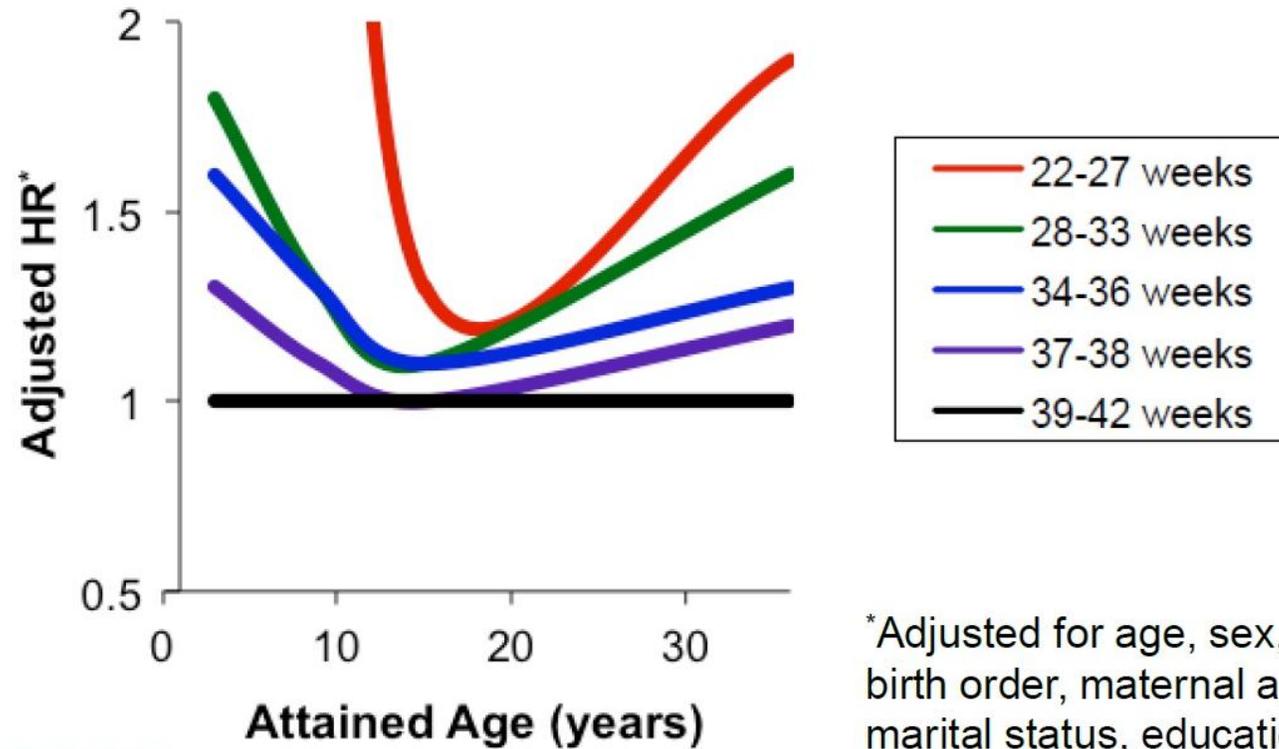
Evolutionary factors play a central role in determining life history strategy, which spans fetal and postnatal life, and underlies differences between human and mouse kidney development as well as the course of CKD.



# Population Consequences of Improved Preterm Survival

- ~10% of births each year are preterm; 0.07% Extremely low gestational age newborns (ELGANs) Worldwide
  - 10% of 4 Million births: ~ 400,000; 98% survive: ~380,000
  - <0.07 % ~35,000
  - ~90% survive: ~30,000 VLBW each year
- 2015: US Population: ~322 million
  - ~32.2 million born preterm; 4.6 million are ELGANs
- Even a “slight” (10-20%) higher risk of ANY illness has a huge population effect

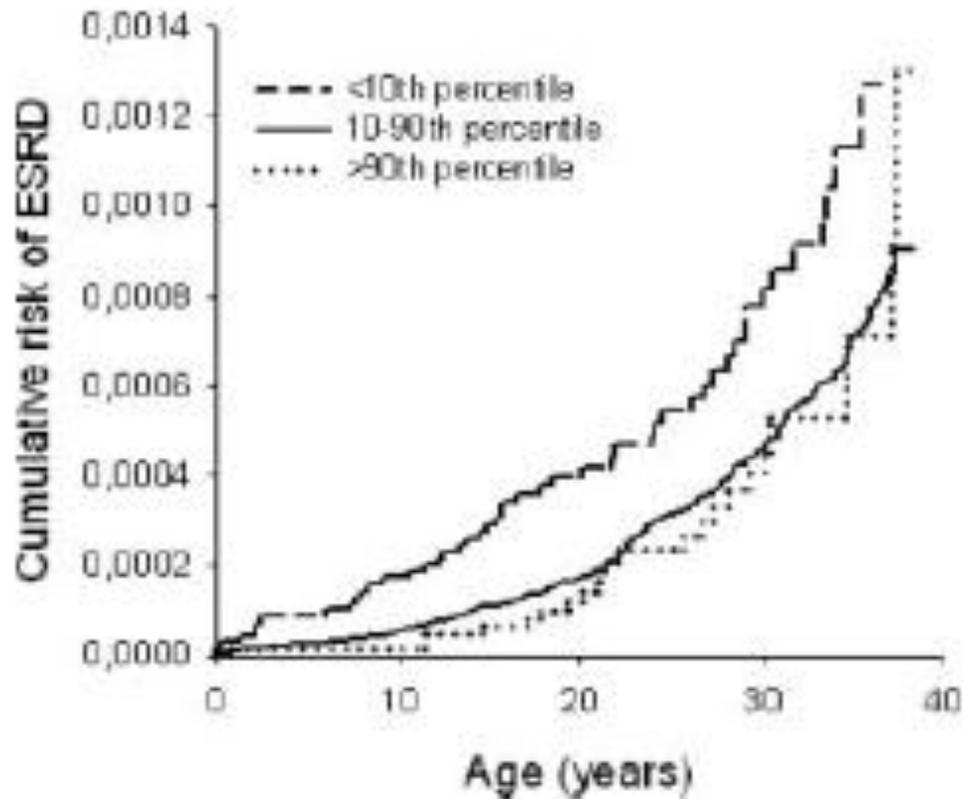
# MORTALITY BY GESTATIONAL AGE AT BIRTH



## Swedish National Cohort Study

(Crump et al, *JAMA* 2011; 306:1233-40;  
Crump et al, *Epidemiol* 2013; 24:270-6)

# LBW Increases Risk of ESRD: Norwegian Birth Registry 1967-2004



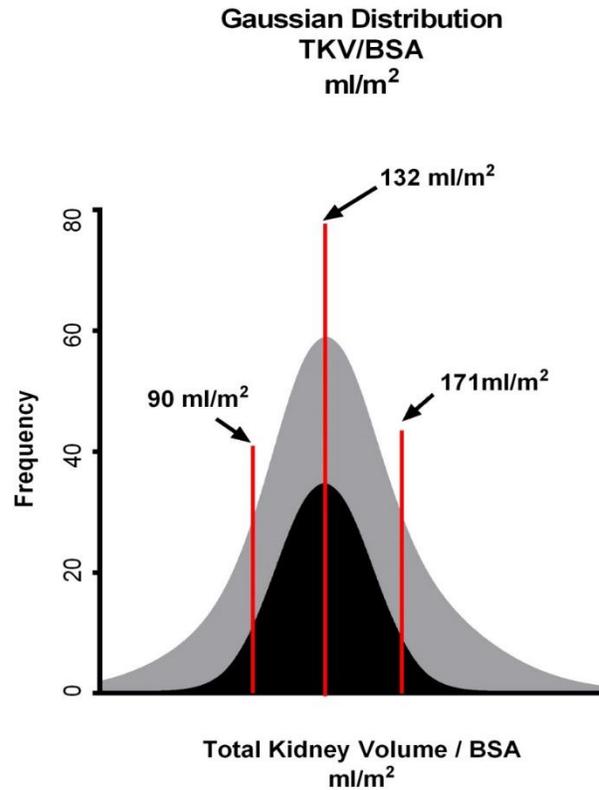
- > 2 million births
- LBW (<2500 grams)
  - RR 1.7 for ESRD
  - RR 1.5 (SGA)
- LBW more strongly associated with ESRD during the first 14 years of life (70% more likely) than > 15 years of age.

# Neonatal Kidney Size and Function in Preterm Infants: What Is a True Estimate of Glomerular Filtration Rate?



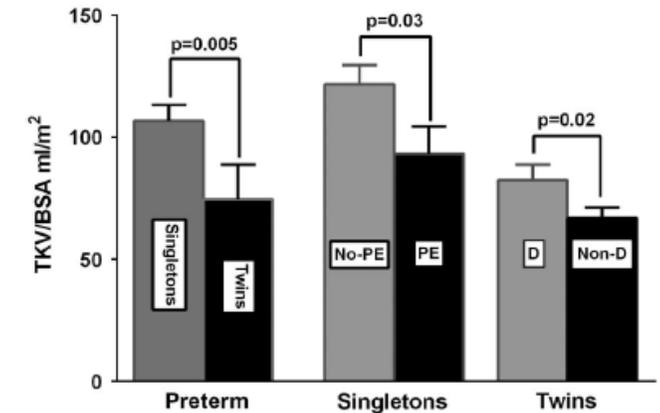
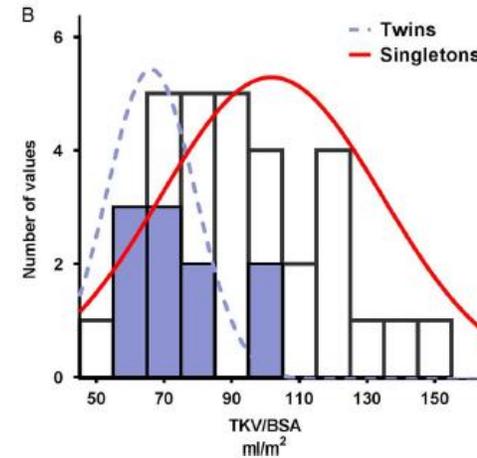
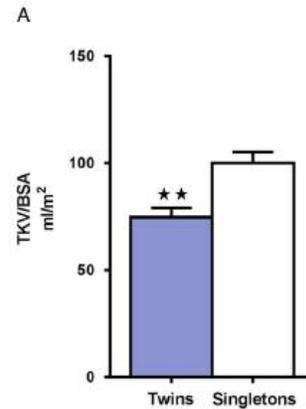
Carolyn L. Abitbol, MD<sup>1</sup>, Wacharee Seeherunvong, MD<sup>1</sup>, Marta G. Galarza, MD<sup>2</sup>, Chryso Katsoufis, MD<sup>1</sup>,  
Denise Francoeur, RN<sup>1</sup>, Marissa DeFreitas, MD<sup>1</sup>, Alcia Edwards-Richards, MD<sup>1</sup>, Vimal Master Sankar Raj, MD<sup>1</sup>,  
Jayanthi Chandar, MD<sup>1</sup>, Shahnaz Duara, MD<sup>2</sup>, Salih Yasin, MD<sup>3</sup>, and Gaston Zilleruelo, MD<sup>1</sup>

*J Pediatr* 2014;164:1026-31



Term-TKV/BSA  
n=624  
(Birth-18 YRS)

Preterm-TKV/BSA  
n=60 (Birth)

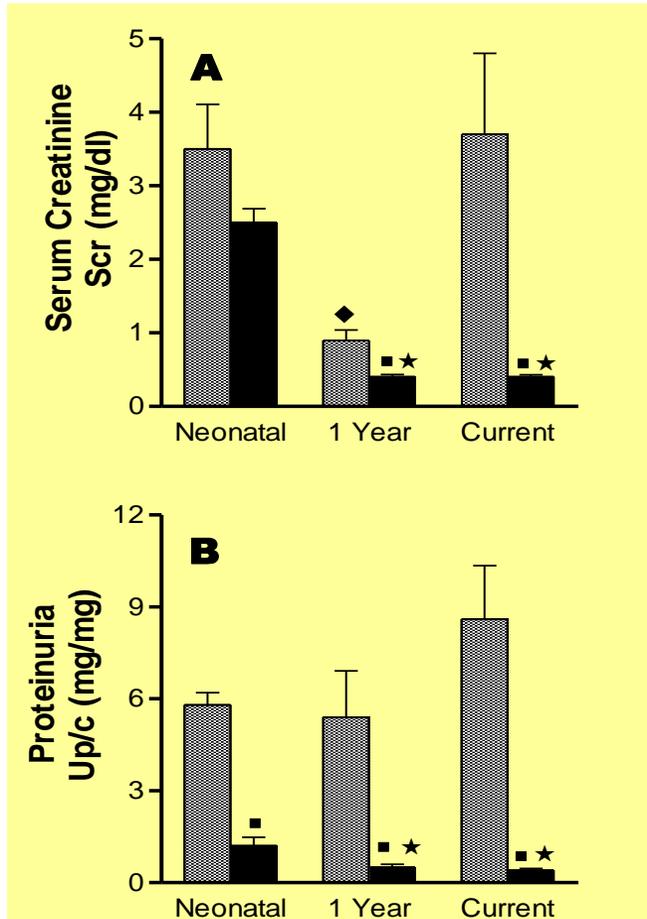


Supported by the Gerber Foundation

# Conclusions

- Preterm infants exhibit reduced kidney volume and function compared to Term infants.
- The major determinants of eGFR in infants are mean arterial pressure, gestational age and total kidney volume.
- Preterm infants demonstrate lower measures of kidney function and increased proteinuria compared to Term infants.
- Cystatin C is superior to creatinine as a measure of kidney function in preterm infants.
- Creatinine underestimates eGFR in preterm infants at each level of gestational age.

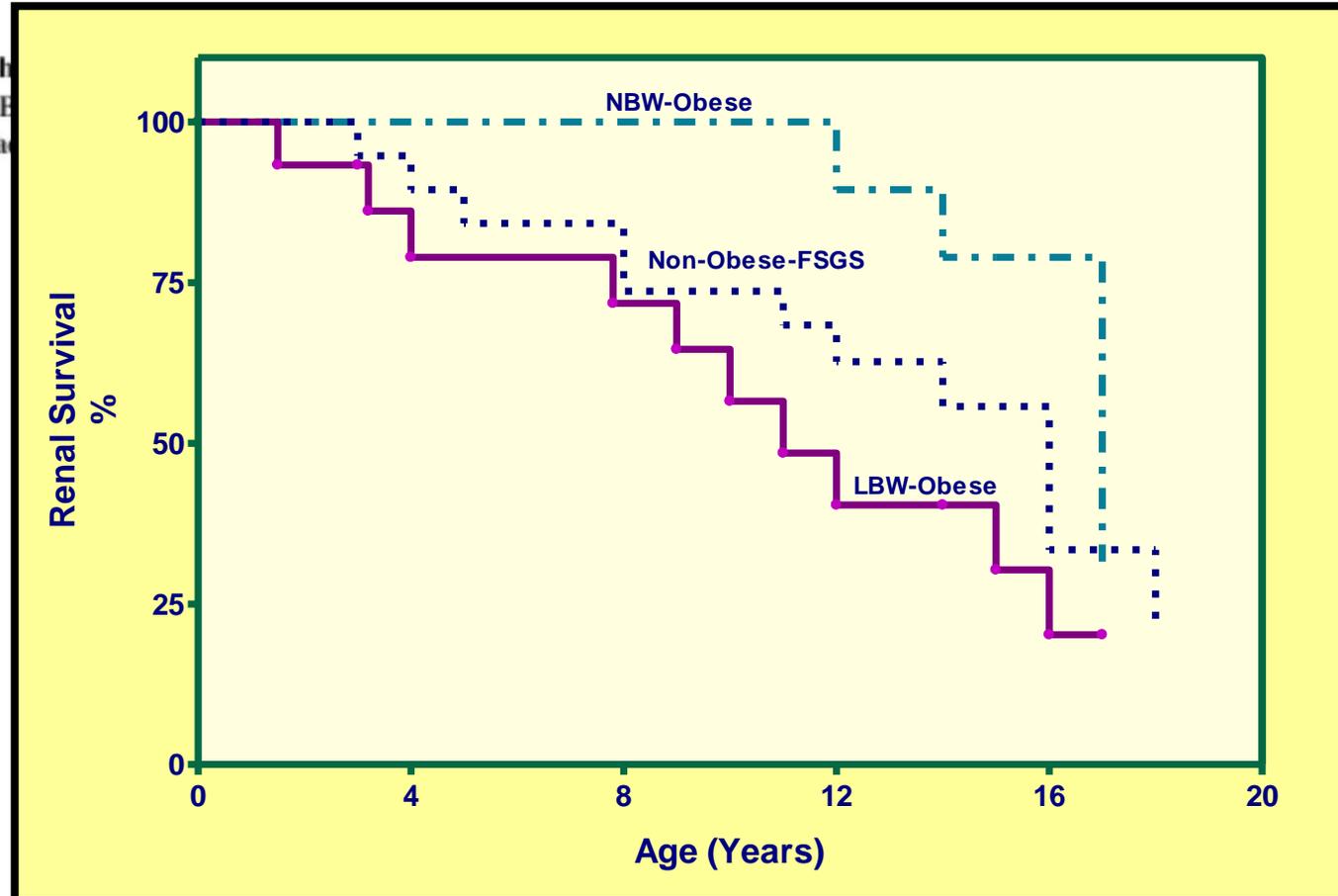
# Neonatal Renal Function: Progression of Renal Disease



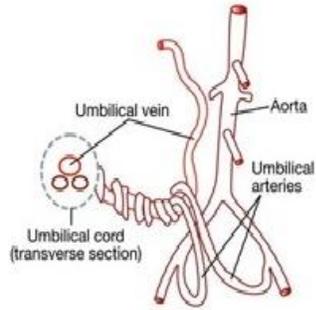
- 20 LBW Preterm Infants with ARF in the Neonatal Period
- Average follow-up: 8±5 YRS
- 10 Developed chronic kidney disease (CKD)
- 10 Had recovery
- Initial Scr were similar at birth and improved at 1 year to <1.0 mg/dl.
- Urine pr/cr ratio was always more elevated in CKD patients.

## Obesity and preterm birth: additive risks in the progression of kidney disease in children

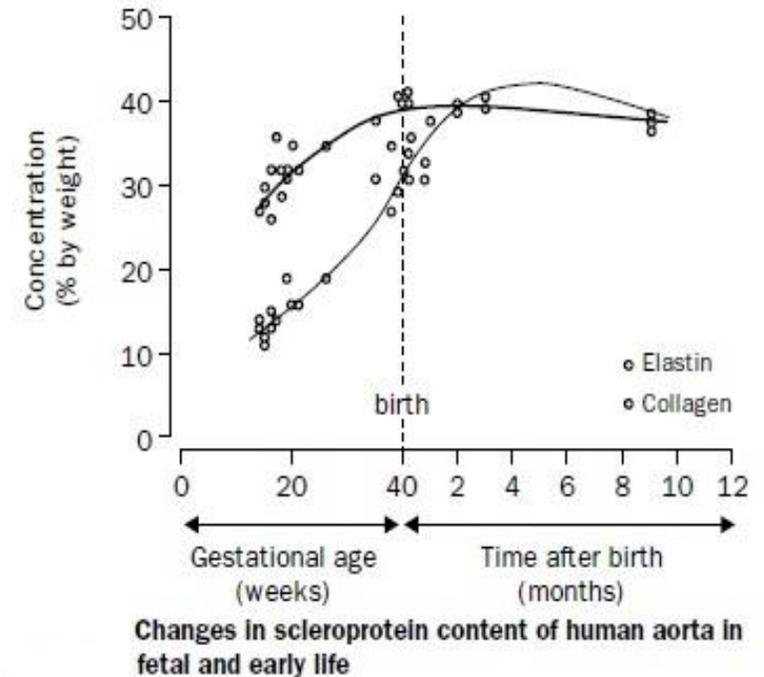
Carolyn L. Abitbol · Jayanthi Ch  
Maria M. Rodríguez · Mariana E  
Wacharee Seeherunvong · Micha  
Gastón Zilleruelo



# Umbilical Artery Histomorphometry



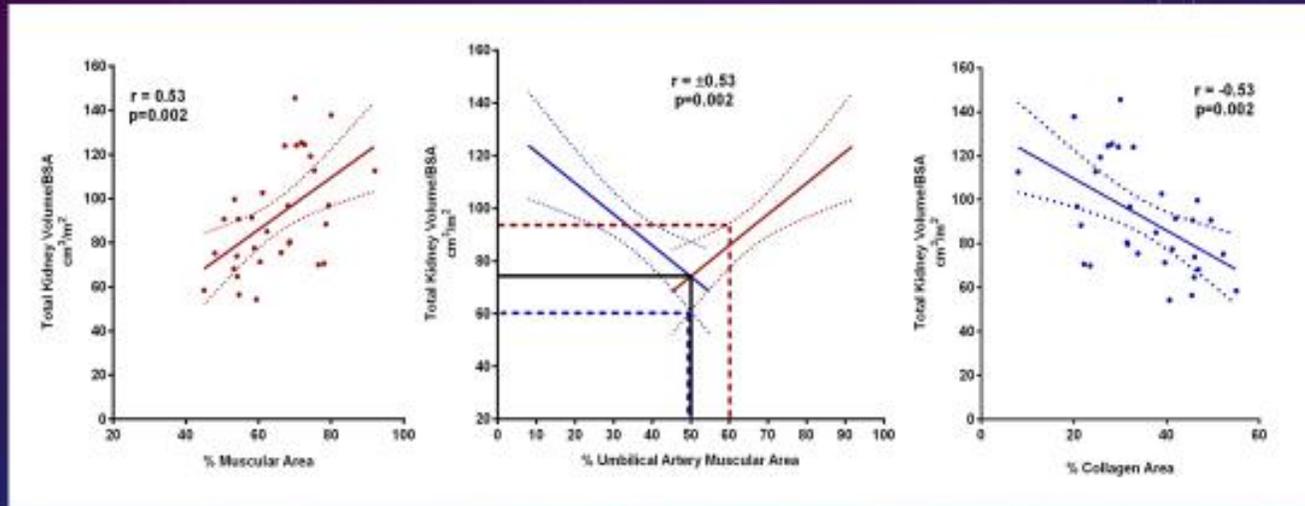
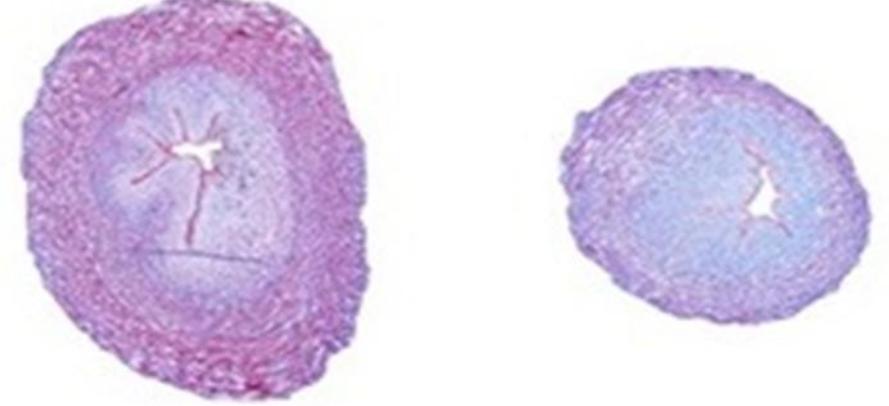
- The aorta's elastic properties depend on **elastin** (interspersed with muscle) which develops during fetal life. It has a 1/2 -life of 40 years.
- Collagen is associated with vascular stiffness and replaces elastin with aging.
- LBW is associated with increased vascular stiffness and hypertension in childhood and adulthood.
- Umbilical artery **muscular (elastin)** versus **collagen** density vary with the fetoplacental environment.



# Umbilical artery histomorphometry: a link between the intrauterine environment and kidney development

M. J. DeFreitas<sup>1\*</sup>, D. Mathur<sup>2</sup>, W. Seeherunvong<sup>1</sup>, T. Cano<sup>1</sup>, C. P. Katsoufis<sup>1</sup>, S. Duara<sup>3</sup>, S. Yasin<sup>4</sup>, G. Zilleruelo<sup>1</sup>, M. M. Rodriguez<sup>2</sup> and C. L. Abitbol<sup>1</sup>

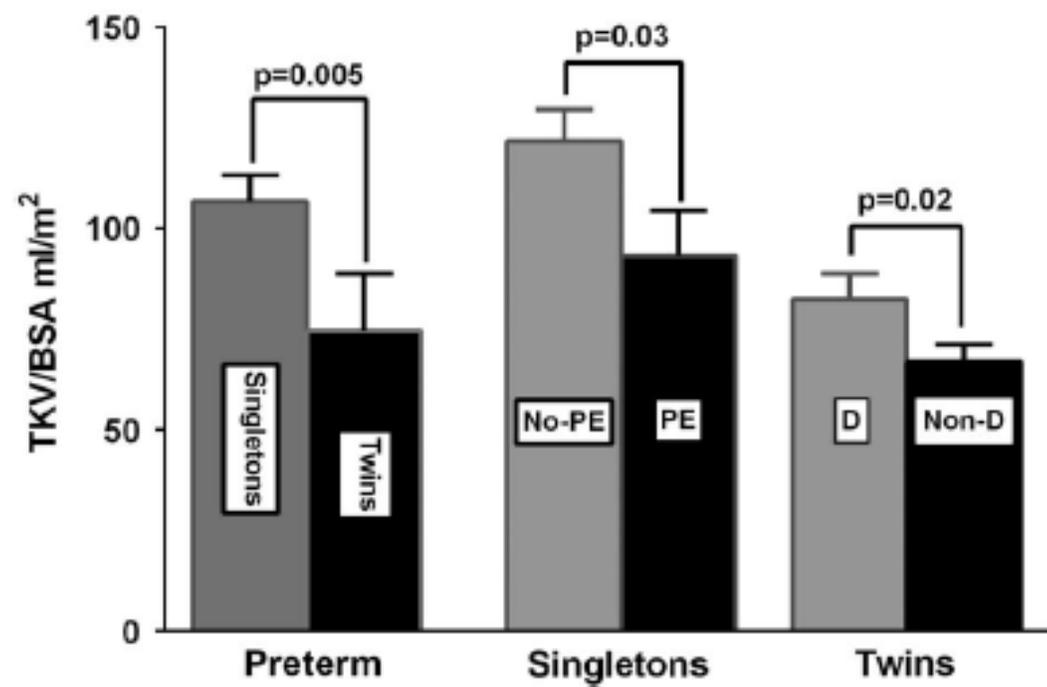
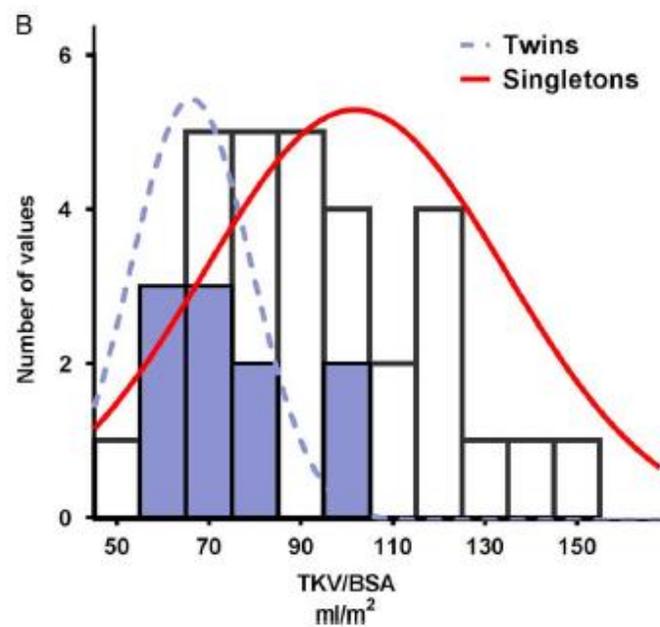
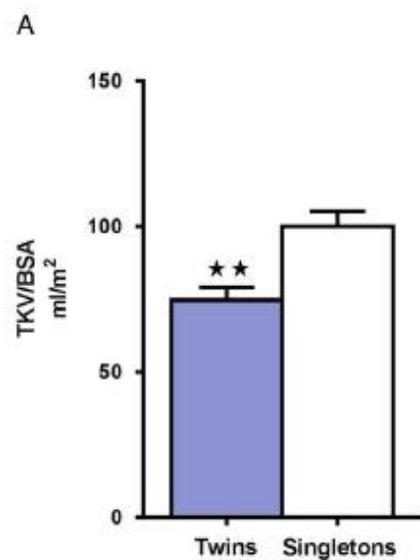
*Journal of Developmental Origins of Health and Disease*, page 1 of 8.



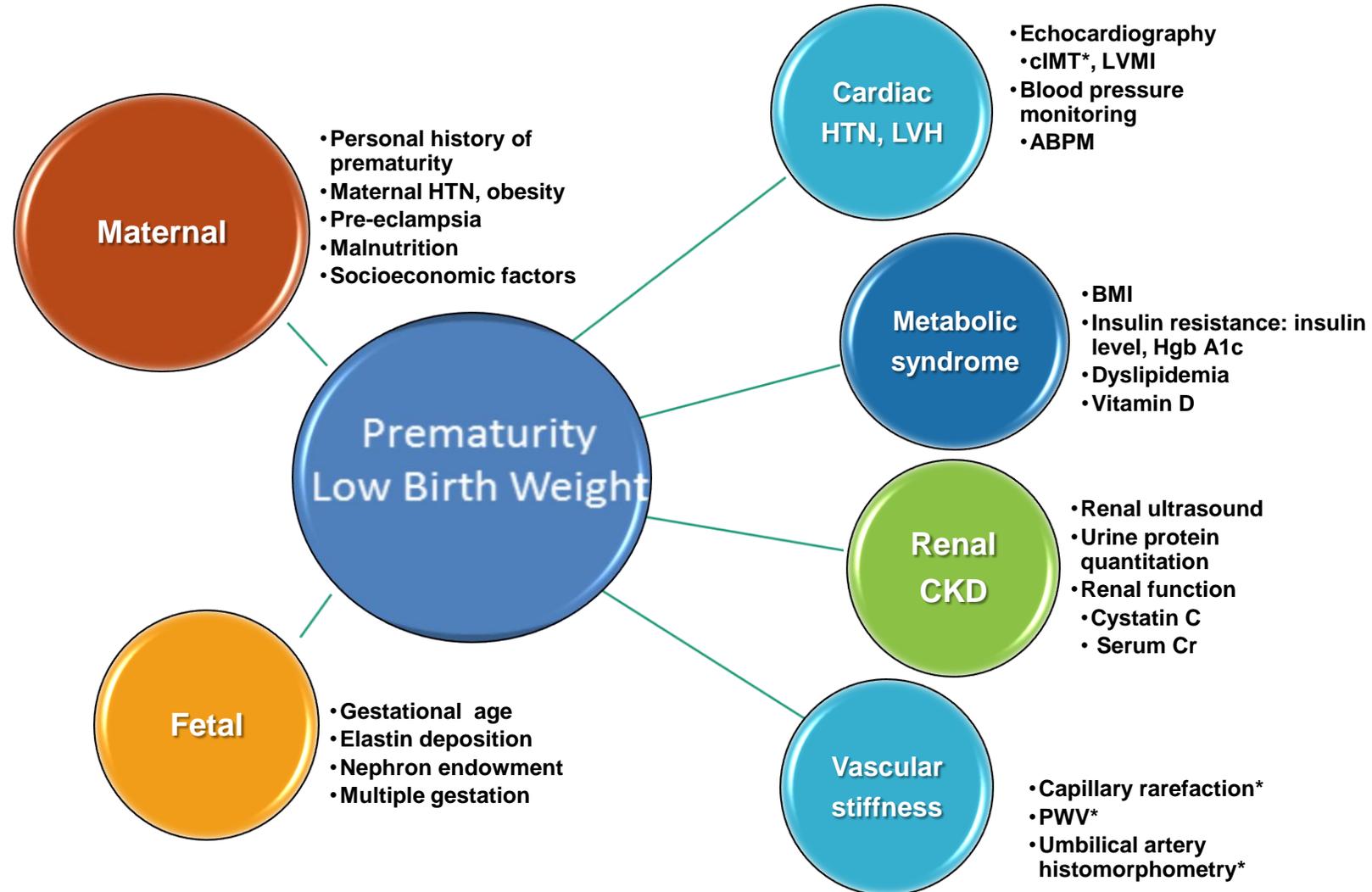
The poster displays the following information:

- Figure 1:** Histomorphometry images of umbilical arteries from singletons (1, 2a, 2b) and twins (3a, 3b).
- Text:** "A %MA of >60% was associated with an optimal TKV/BSA of 65-120 ml/m<sup>2</sup>".
- Table:** TKV/BSA was negatively affected by twin gestation and positively affected by %MA.
 

Variable	TKV/BSA (ml/m <sup>2</sup> )	%MA	PE	Twin
TKV/BSA	1.08			
%MA	0.02*	1.08		
PE	0.02	0.02	1.08	
Twin	-0.48*	-0.17	-0.32*	1.08
Mean ± SD	82 ± 25	66 ± 15	0.07%	18.0%
- Text:** "TKV/BSA was negatively affected by twin gestation and positively affected by %MA".
- Text:** "had smaller TKV/BSA than singletons".
- Text:** "adversarial IUE was associated with a decrease in TKV/BSA among preterm infants".
- Text:** "Umbilical artery histomorphometry in viable neonates is a marker of in-utero development of disease".
- Text:** "Umbilical artery histomorphometry is a marker of GA and is independent of BSA".
- Text:** "Referencing TKV to BSA and not to GA and is independent of neonatal endowment".
- Text:** "An enhanced while increasing renal mass while increasing renal mass in discordant twins".
- Text:** "Future blood biomarkers and cord blood biomarkers prospectively for the development of hypertension and other cardiovascular diseases".

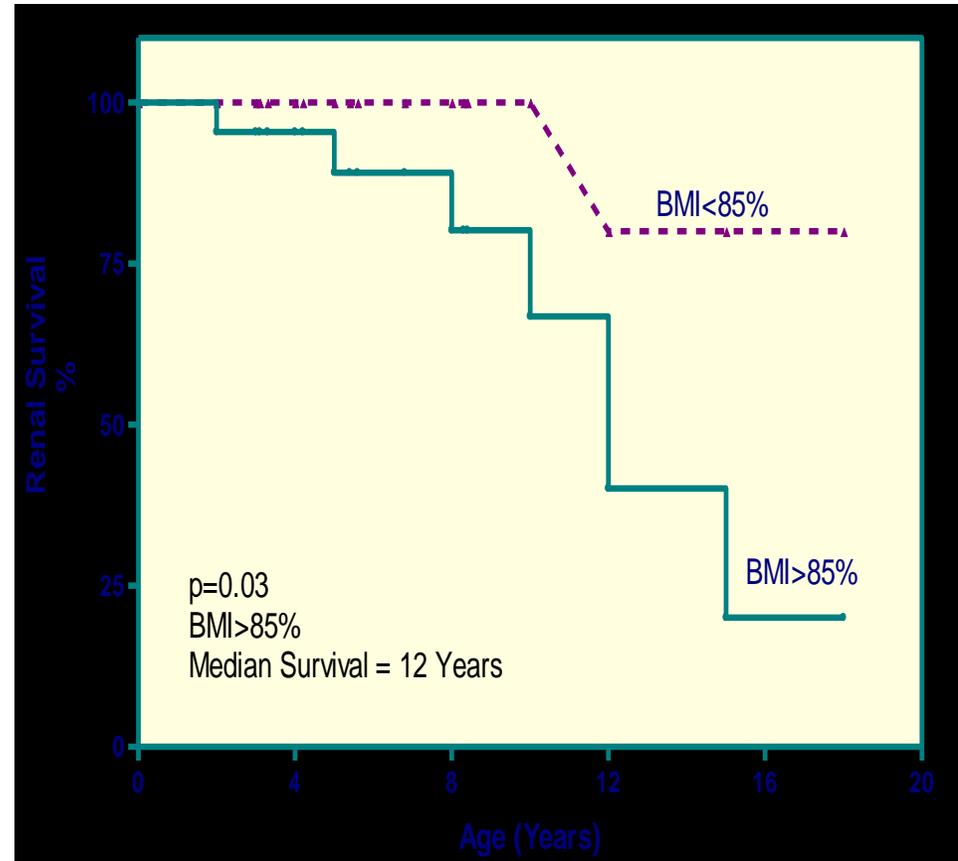


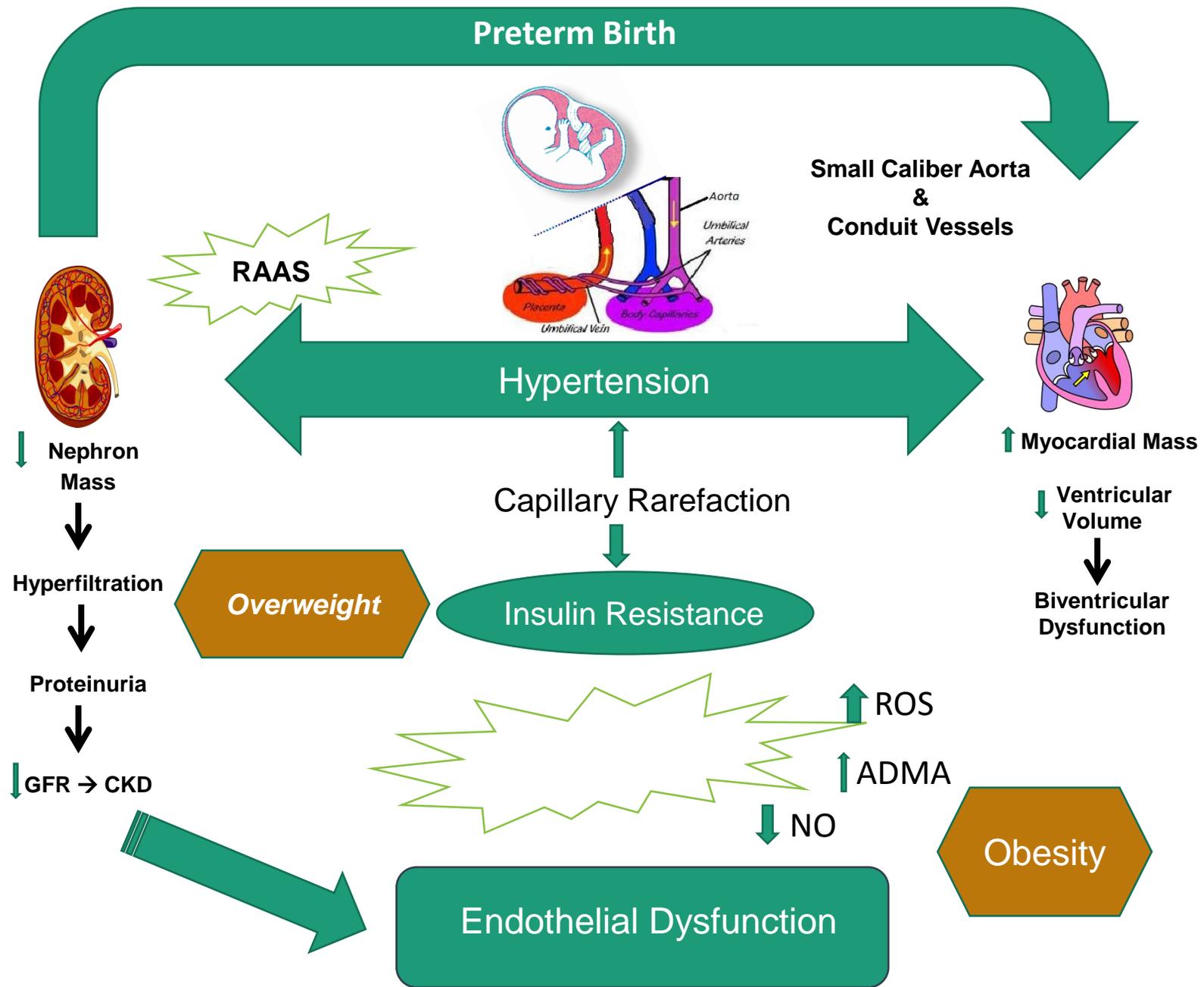
# Comprehensive evaluation schema of the preterm/LBW infant for early cardiovascular and renal disease risks

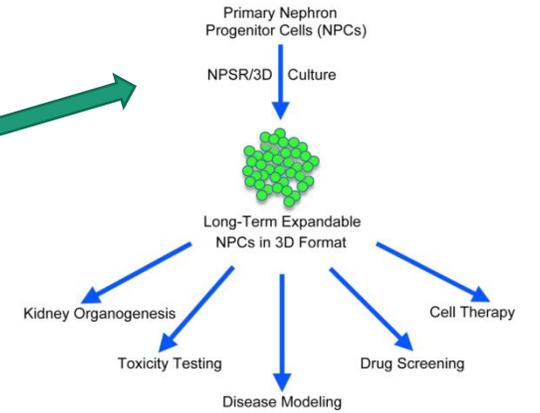
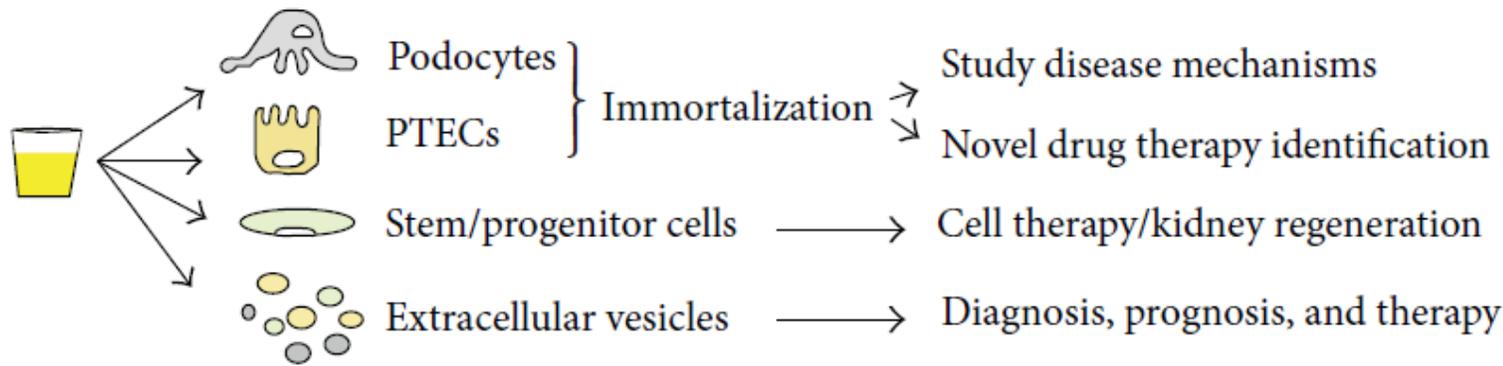


## ELBW & BMI: Components of Renal Disease Progression

- **Extreme Low Birth Weight** infants show renal disease progression with increased BMI.







Urine derived kidney cells	Markers of Disease Activity	Pathophysiology	Therapeutic Potential
Podocytes	Diabetic Nephropathy Pre-eclampsia FSGS & APOL1	Lupus nephritis APOL1	Not yet studied
Proximal Tubular Epithelial Cells	Acute tubular necrosis Diabetes mellitus	Cystinosis Diabetic nephropathy Oxalosis Lowe's Syndrome	
Stem/Progenitor Cells	Not yet studied	Nephrogenesis	Regeneration and repair
Extracellular Vesicles	Focal segmental glomerulosclerosis	Not yet studies	Repair & kidney transplantation

# Growing Collaborations: Building Networks of Translational Science Across Disciplines







JAMAICA  
KIDNEY  KIDS  
FOUNDATION

   
*Thank You*  
 