



Gestation-dependant increase of Renal Interlobar Vein Impedance Index in Preeclampsia.

W. Gyselaers^{*}, G. Molenberghs[°], W. Van Mieghem^{*}, W. Ombelet^{*}

* Ziekenhuis Oost Limburg Genk, Belgium, ° Hasselt University, Belgium

Background:

Venous Impedance Index (VI) is considered the Doppler equivalent

| | | Normal pregnancy (n = 20) | Preeclampsia (n = 40) | Р |
|--------------|------------|------------------------------|--------------------------|---------|
| | Gestation | 32.07 ±0.62 | 32.85 ± 3.85 | 0.37 |
| Left kidney | MxV(cm/s) | 8.79 ± 1.41 | 7.60 ± 1.71 | 0.009 |
| | MnV (cm/s) | 6.65 ± 1.08 | 4.22 ± 1.08 | <0.0001 |
| | VI | 0.36 ± 0.05 | 0.44 ± 0.09 | 0.0005 |
| Right kidney | MxV(cm/s) | 9.84 ± 1.84 | 9.18 ± 2.25 | 0.26 |
| | MnV(cm/s) | 6.68 ± 1.37 | 5.27 ± 1.63 | 0.0015 |
| | VI | 0.32 ± 0.07 | 0.42 ± 0.13 | 0.0022 |

of arterial Resistance Index, and is defined as [Maximum velocity] (MxV) – Minimun velocity (MnV)]/MxV. In a former study, we established a normal reference range for MxV, MnV and VI of Renal Interlobar Veins (RIV) during uncomplicated pregnancy, using a standard protocol with known intra-observer correlation coefficient 0,88. We found that gestational evolutions of MxV and MnV were very similar to those of respectively cardiac stroke volume and renal plasma flow.

Aim:

To evaluate RIV MxV, MnV and VI in preeclampsia (PE), relative to the normal reference values.

Methods:

PE was defined according to the criteria of the International Society for the Study of Hypertension in Pregnancy. RIVMxV and MnV were measured in 40 women with PE [23 mild (o) + 17 severe(\blacksquare)], and VI was calculated. Mean values of 3 consecutive measurements per kidney were registered. Results were compared with 32w normal values using t-test. Individual measurements were plotted against the normal reference range.



0,30 0,25

Results:

Mean gestation of PE pregnancies was 32.85±3.85 w. Compared with normal values, PE VI was significantly higher, both in left and in right kidney (Table 1). This was the result of 7-14% reduced MxV- and 20-25% reduced MnV-values. In both mild and severe PE, VI was mainly above the normal 95th percentile at gestation < 34 w, and within the normal reference range at \geq 34 w (Fig.1+2).



Discussion:

RIV VI is significantly higher in PE than in normal pregnancy. This results from lower values of MxV but even more MnV, and may relate to known PE-related reduction of respectively cardiac stroke volume and renal plasma flow. We observed this difference mostly at gestations < 34 w and not in PE near term.

Our data illustrate that Renal Interlobar Vein Impedance Index has the potential to become a new parameter to study maternal venous hemodynamics by Duplex ultrasound scan during normal and pathologic pregnancy.