

Category : **Sepsis: biomarkers**

**A166 - Decreased survival of sepsis patients with diabetes associates with single-nucleotide polymorphism A (-777)>T of angiotensin II type 1 receptor gene AGTR1**

**V Pisarev<sup>1</sup> ; A Chumachenko<sup>2</sup> ; E Grigoriev<sup>3</sup>**

<sup>1</sup>Federal Research and Clinical Center of Intensive Care medicine and Rehabilitology, V.A.Negovsky Institute of General Reanimatology, Moscow, Russian Federation , <sup>2</sup>Federal Research and Clinical Center of Intensive Care medicine and Rehabilitology, V.A. Negovsky Research Institute of General Reanimatology, Moscow, Russian Federation , <sup>3</sup>Federal Research and Clinical Center of Intensive Care medicine and Rehabilitology, V.A.Negovsky Research Institute of General Reanimatology, Moscow, Russian Federation

## **Introduction:**

Dysregulation of blood pressure significantly impacts the course of sepsis, especially septic shock. The *AGTR1* gene encodes angiotensin II receptor type 1, which affects the vascular tone and contributes to septic shock [1]. Our study aims to define whether the *AGTR1* polymorphism contributes to the course and outcomes of sepsis in patients admitted to the city hospital ICU facility.

## **Methods:**

Study cohort included 157 ICU patients diagnosed with sepsis (SEPSIS-3, 2016); 66 patients were diagnosed with diabetes as major comorbidity. Functional *AGTR1* rs275651 polymorphism [2-3] was studied using a polynucleotide tetra primer set to amplify gene fragments followed by the analysis of PCR products by 2% agarose gel electrophoresis.

## **Results:**

The study revealed no differences in septic shock and lethality in patients with no diabetes differing in *AGTR1* rs275651 genotypes. The septic shock occurred more frequently in patients with diabetes and minor T allele (AT and TT genotypes) than in homozygotic carriers of *AGTR1* AA and diabetes: P=0.006 (Fisher test), odds ratio (OR) 11.692. There were no differences in shock during ICU hospitalization between AA genotype carriers vs. allele T carriers in a cohort of sepsis patients with no diabetes (n=91, p=0.8). Significant differences in lethality between diabetic sepsis patients and non-diabetic patients (Chi-square 7.698 (Yates); OR=2,76, 95% CI: 1.389 – 5.484, P=0.006) were due to significantly increased lethality in diabetes patients with AT or TT *AGTR1* genotype: OR=11.034, P=0.007 by Fisher test (Figure 1). T allele carriers with sepsis and diabetes experienced increased SOFA and CIRS values.

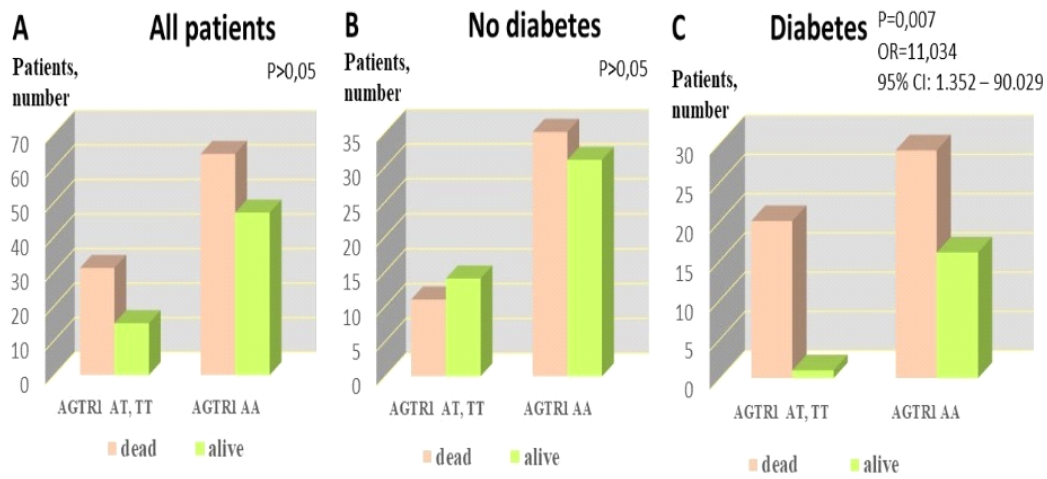
## **Conclusion:**

In sepsis, patients with diabetes minor mutation A>T within *AGTR1* rs275651 associates with shock and increased lethality, vascular comorbidity, and organ failure.

## **References:**

References: 1. Correa TD et al. Critical Care 19:98-103. 2. Brugts JJ et al. European Heart Journal 31:1854-1864, 2010. 3. GhafilF.A. et el. Indian J Clin Biochem. 36:81-87, 2021.

**Image :**



*Poor survival of patients with diabetes and sepsis associates with allele T rs275651 AGTR1*