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A COMPARISON OF URINARY β_2 MICROGLOBULIN LEVELS IN PATIENTS WITH CHRONIC KIDNEY DISEASE OF UNKNOWN AETIOLOGY AND CONTROLS FROM MEDAWACHCHIYA AND JA-ELA

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Chronic kidney disease of unknown aetiology (CKDu) has been reported in developing countries including Nicaragua, countries of Balkan region, Tunisia and Sri Lanka. Numerous studies carried out to date in these countries have failed to reveal the credible contributory factors for this disease. The objective of the present study was to compare the urinary β_2 microglobulin (β_2 M) levels of CKDu subjects from Medawachchiya with those of normal subjects from Medawachchiya (Control M) and Ja-Ela (Control J).

The test group consisted of 30 CKDu patients who were randomly selected from the CKDu patient register of Medawachchiya renal clinic. Normal age and sex matched individuals were selected as controls from the same division (Control M, n=30) and from Ja – Ela (Control J, n=30), an area which has been declared to be free from CKDu.

Spot urine samples from all the subjects were collected and β_2 M estimated in duplicate using an ELISA test kit (BIOQUANT, B-2MG BQO10T, Germany). The mean urinary β_2 M level in CKDu patients ($1.24 \pm 0.71 \mu\text{g/mL}$) was significantly higher ($p < 0.05$) than that of control groups M ($0.16 \pm 0.05 \mu\text{g/mL}$) and J ($0.17 \pm 0.05 \mu\text{g/mL}$), while the control groups M and J had similar β_2 M levels. The urinary β_2 M levels between males and females of each of the three groups revealed no significant ($p > 0.05$) differences. Urinary β_2 M was significantly ($p < 0.05$) higher in males ($1.31 \pm 0.76 \mu\text{g/mL}$) of the test group than of the males in the control groups ($0.14 \pm 0.04 \mu\text{g/mL}$ and $0.18 \pm 0.05 \mu\text{g/mL}$, respectively, in groups M and J). Similarly, significantly higher β_2 M concentration was seen in females of the test group ($1.14 \pm 0.65 \mu\text{g/mL}$) than in females in the control groups ($0.17 \pm 0.05 \mu\text{g/mL}$ and $0.16 \pm 0.05 \mu\text{g/mL}$, respectively, in groups M and J).

Renal tubular function based on urinary β_2 M showed a significant difference between those afflicted with CKDu and controls in the CKDu prevalent Medawachchiya Divisional Secretariat, as well as those from Ja-ela. Urinary β_2 M excretion is significantly higher in those affected with CKDu.

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