

mean $\pm$ SD 67.28 ± 6.01 %) and in **group III** (mean $\pm$ SD 67.28 ± 6.01 %).

Microalbuminuria was significantly elevated also in **group II** than both **group I** and **group III** ($\chi^2 = 85.00$, $P < 0.001$).

There was a significantly positive correlation between TAFI and microalbuminuria among patients in **group II**.

So TAFI was significantly higher among diabetic patients with complications than in diabetic patients without complications. TAFI was nearly correlated with microalbuminuria in diabetic nephropathy.

Conclusion:

In conclusion, the results of the present study, suggest that plasma TAFI may be early predictor for diabetic nephropathy.

Recommendation:

It is recommended to study the plasma level of Thrombin-Activatable Fibrinolysis Inhibitor (TAFI) in patients of type II diabetes mellitus for early detection of diabetic complications especially diabetic nephropathy.

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