



Should We Treat Incidental Renal Artery Stenoses?

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Vice-Chairman

Cardiology

CV Ctr Hokkaido Ohno Hospital

Sapporo, JAPAN



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Incidental Renal Artery Stenoses?

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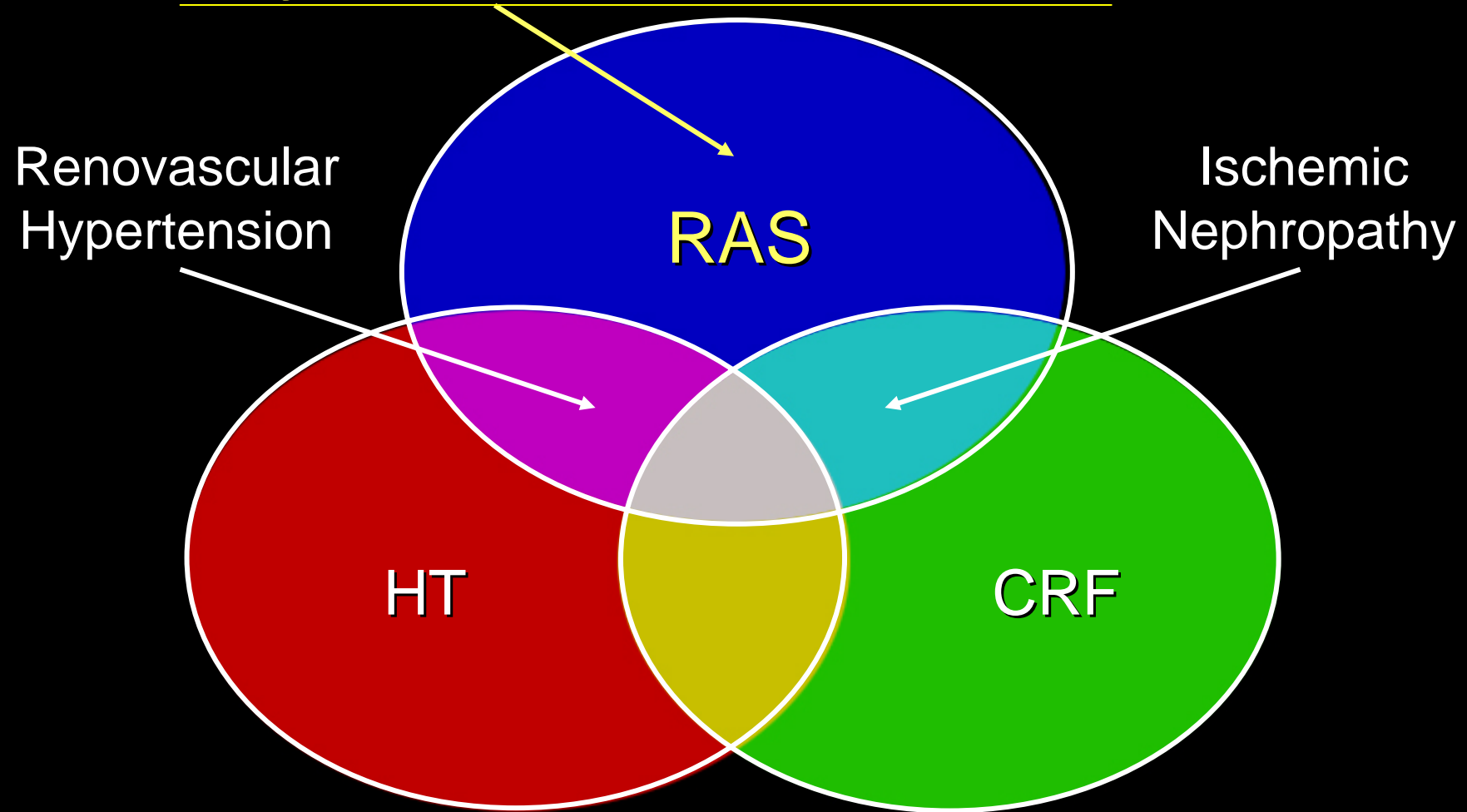
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RAS Definition

Asymptomatic \neq Incidental



Safian RD, et al. NEJM 2001;344:431-42

Should We Treat **Incidental** Renal Artery Stenoses?



Asymptomatic incidental...

VS.

Incidentally uncovered
symptomatic...

**A Case of
Incidentally Uncovered
Symptomatic
Renal Artery Stenosis**

Case 67-yo Male

2005 HT, DM – clinic

2007.3 Dyspnea on effort
AR III° /IV on TTE → referred for surgery
Intact CAG, AR II° /IV_(AoG) → Meds.

2008- Labile and Refractory HT
: 5 Meds...sBP 150-200mmHg

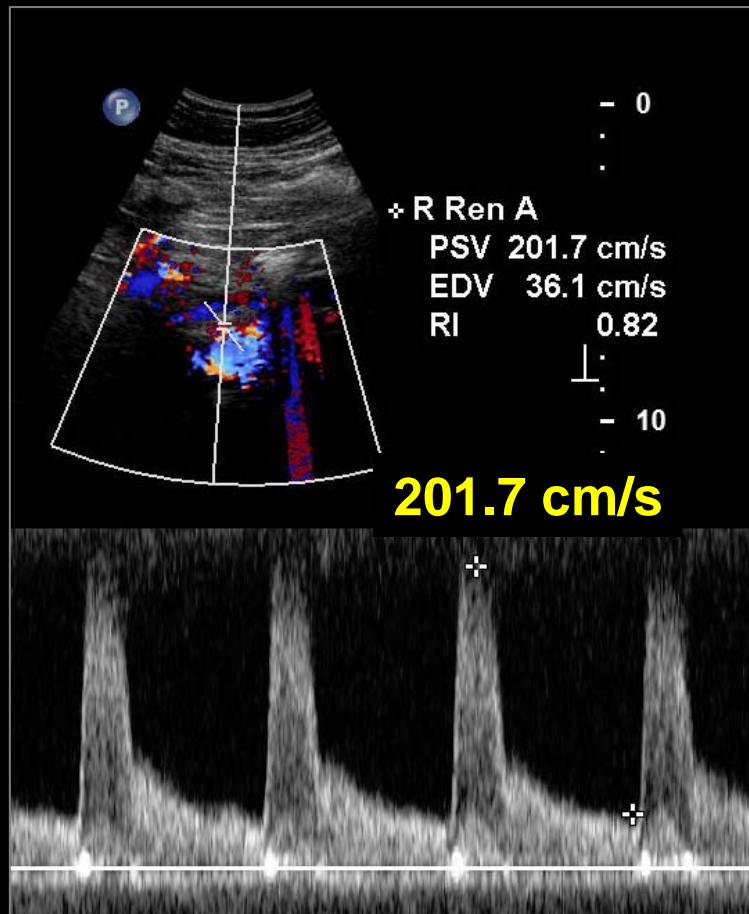
2009.2.4 Referred for surgery
Intact CAG, AR II° / IV_(AoG)
rRAS 75%...PSV 201.7 cm/sec
→ rRA stenting

Risk Fx: HT(+), DM(+), Dyslipidemia(+), Smoking(+)

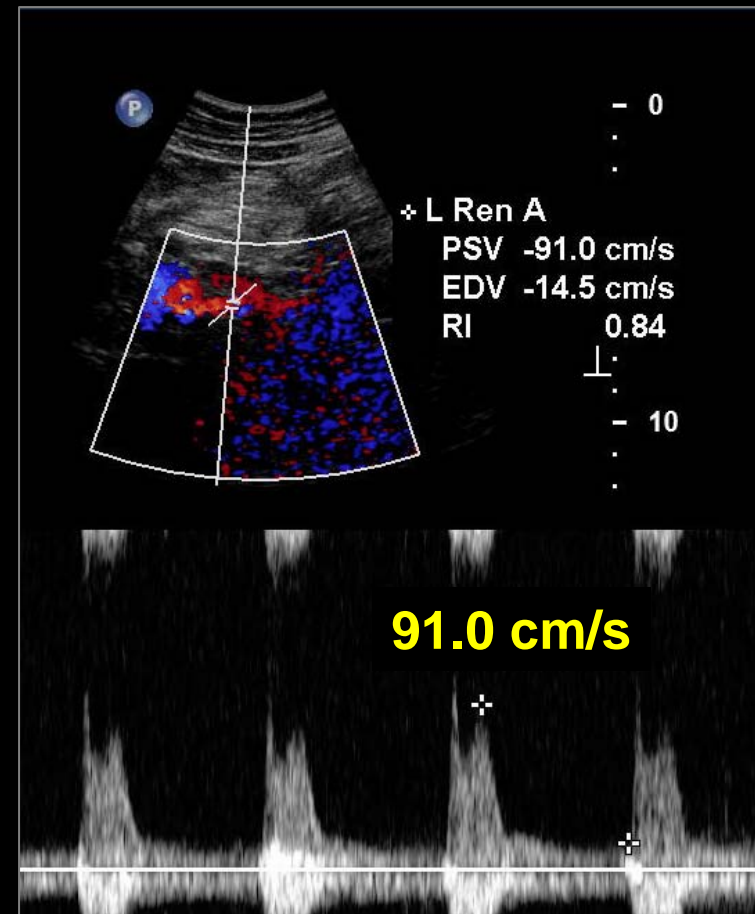
Screening Renal Duplex

Renal Artery Doppler

Right

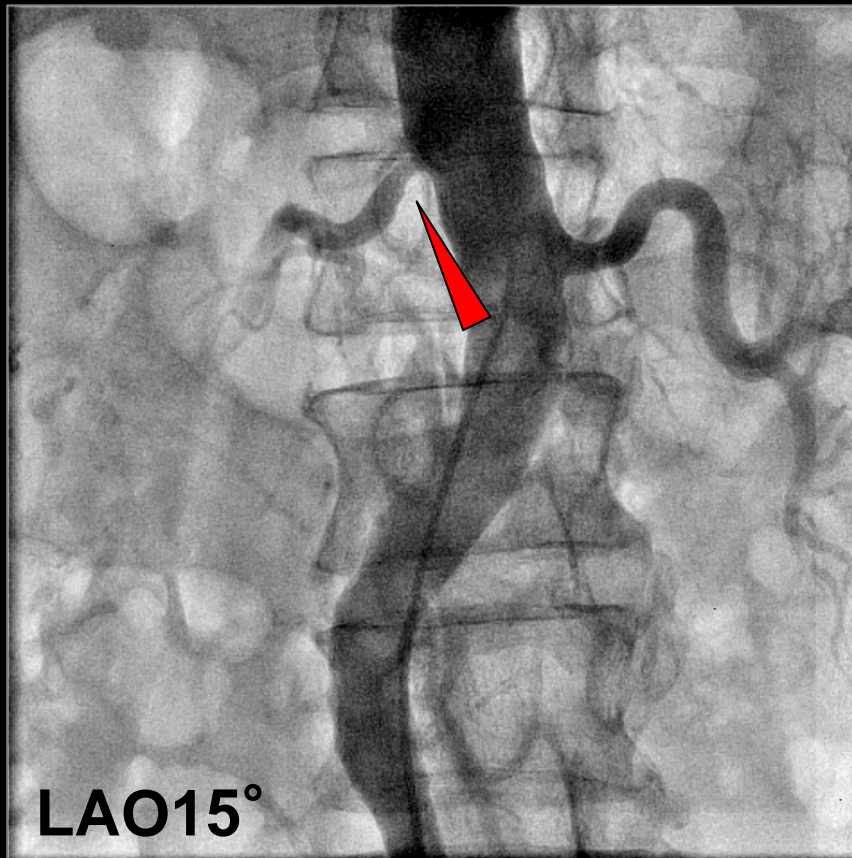


Left



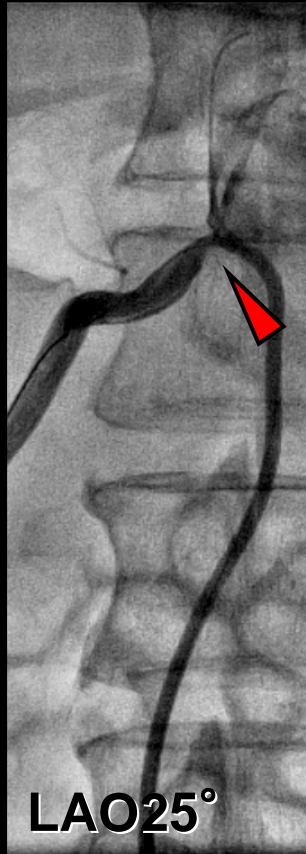
Diagnostic Cath

“Drive-By” Aortography



Rt-Renal Artery Stenting

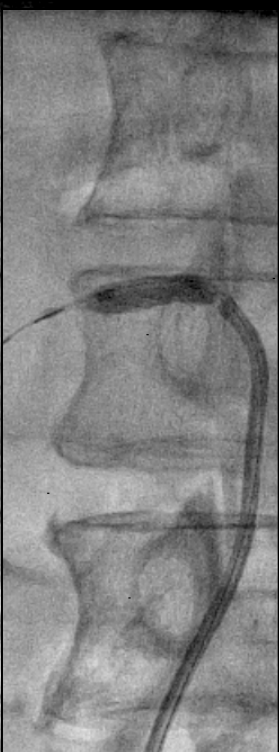
Baseline



Stent



Aviator Plus
4.0x15mm
(14ATM)

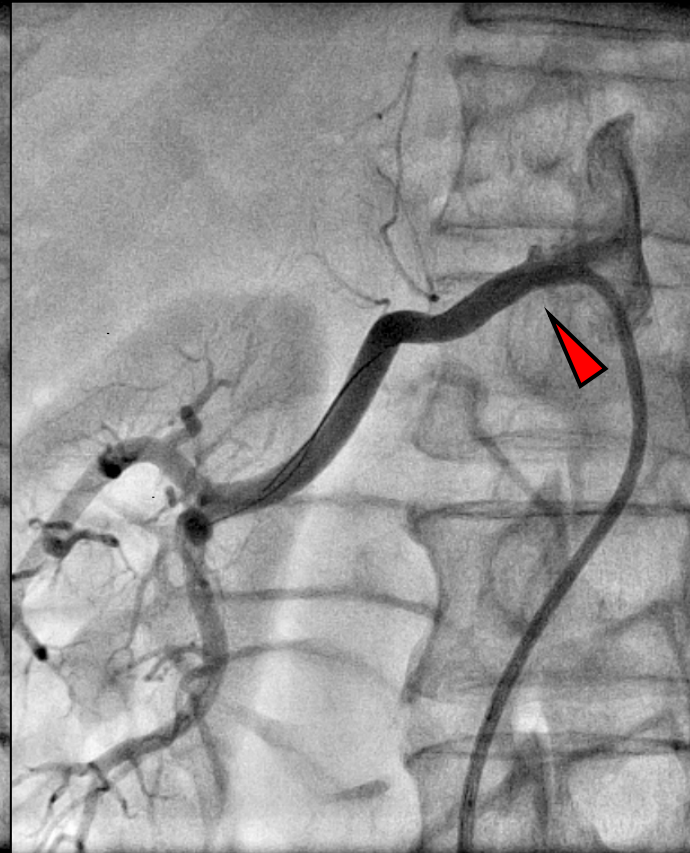


Palmaz Stent
5.0x15mm
(8ATM)

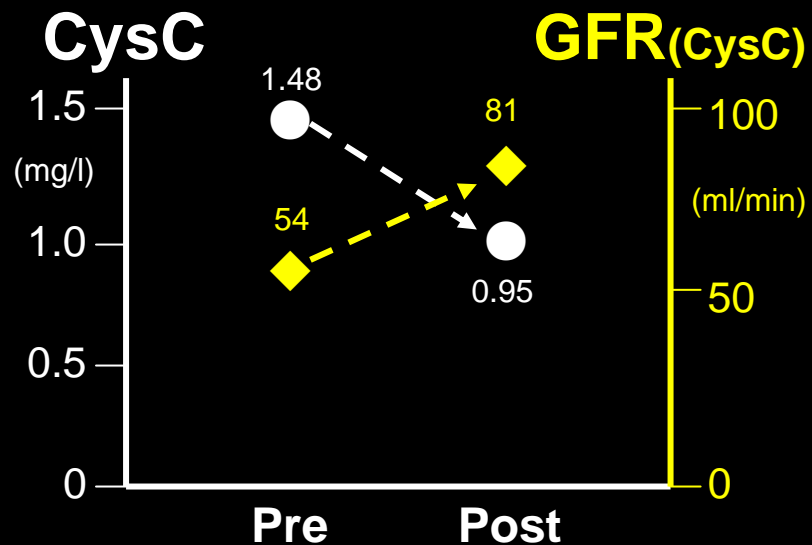
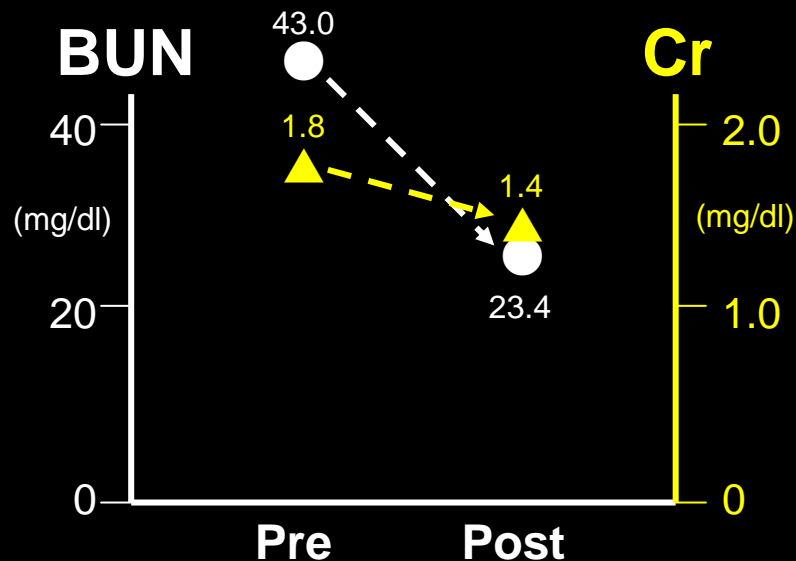
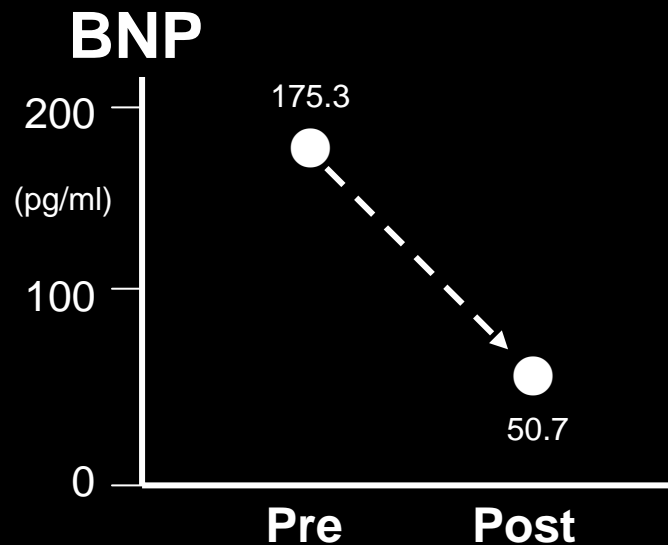
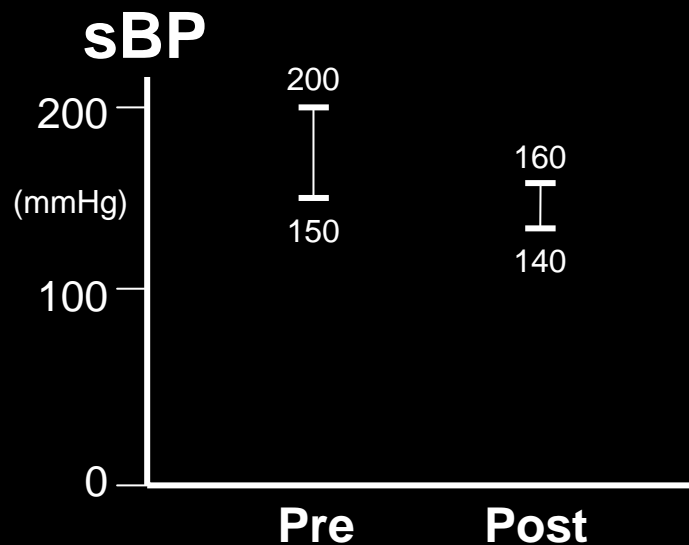


Aviator Plus
6.0x15mm
(14ATM)

Final



Clinical Parameters



ACC/AHA 2005 PAD Guidelines

Journal of the American College of Cardiology
© 2006 by the American College of Cardiology Foundation and the American Heart Association, Inc.
Published by Elsevier Inc.

Vol. 47, No. 6, 2006
ISSN 0735-1097/06/\$32.00
doi:10.1016/j.jacc.2005.10.009

ACC/AHA PRACTICE GUIDELINES

ACC/AHA 2005 Guidelines for the Management of Patients With Peripheral Arterial Disease (Lower Extremity, Renal, Mesenteric, and Abdominal Aortic): Executive Summary

A Collaborative Report From the American Association for Vascular Surgery/Society for Vascular Surgery,* Society for Cardiovascular Angiography and Interventions, Society for Vascular Medicine and Biology, Society of Interventional Radiology, and the ACC/AHA Task Force on Practice Guidelines (Writing Committee to Develop Guidelines for the Management of Patients With Peripheral Arterial Disease)

Endorsed by the American Association of Cardiovascular and Pulmonary Rehabilitation; National Heart, Lung, and Blood Institute; Society for Vascular Nursing; TransAtlantic Inter-Society Consensus; and Vascular Disease Foundation

WRITING COMMITTEE MEMBERS

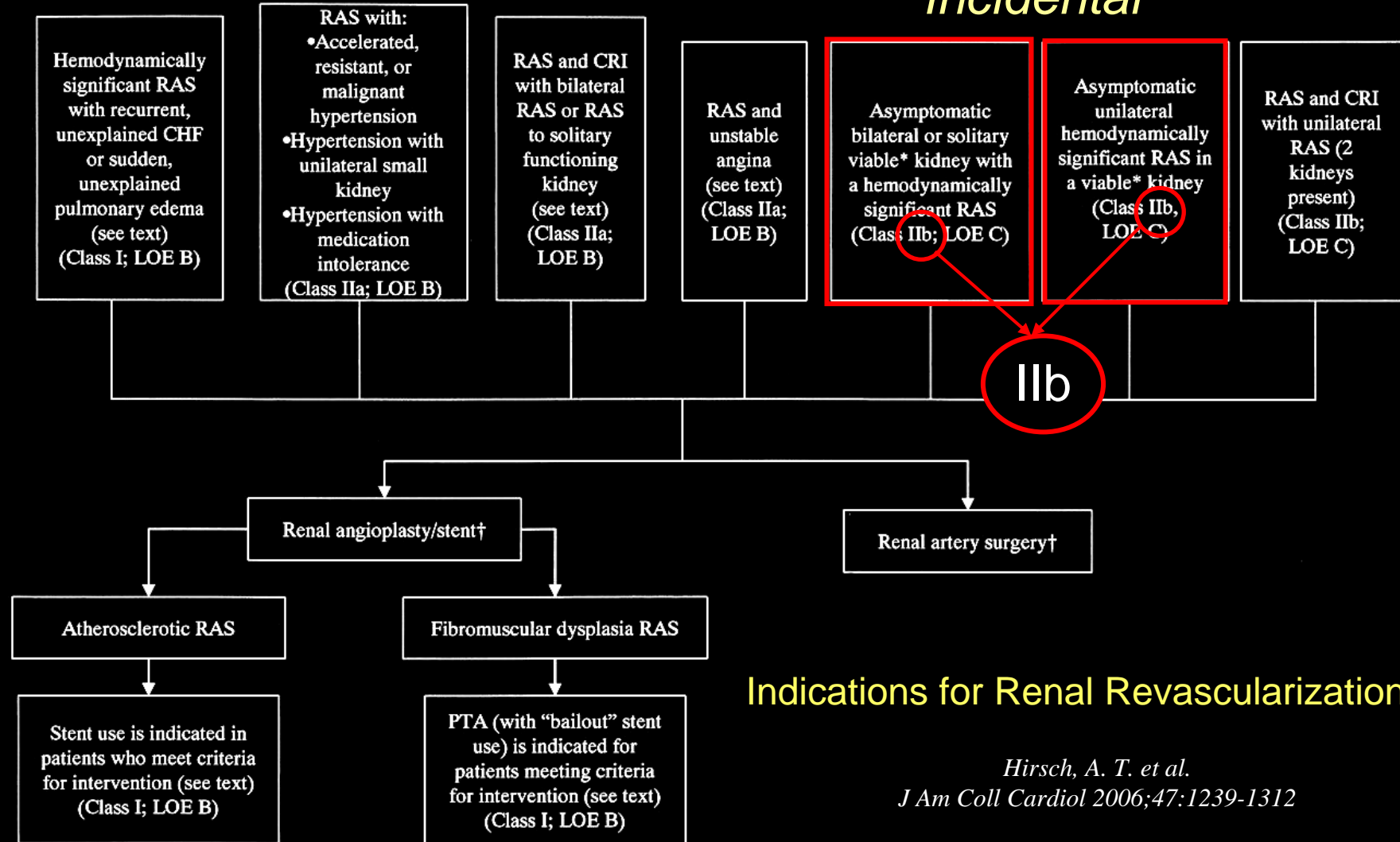
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Hirsch, A. T. et al.
J Am Coll Cardiol 2006;47:1239-1312

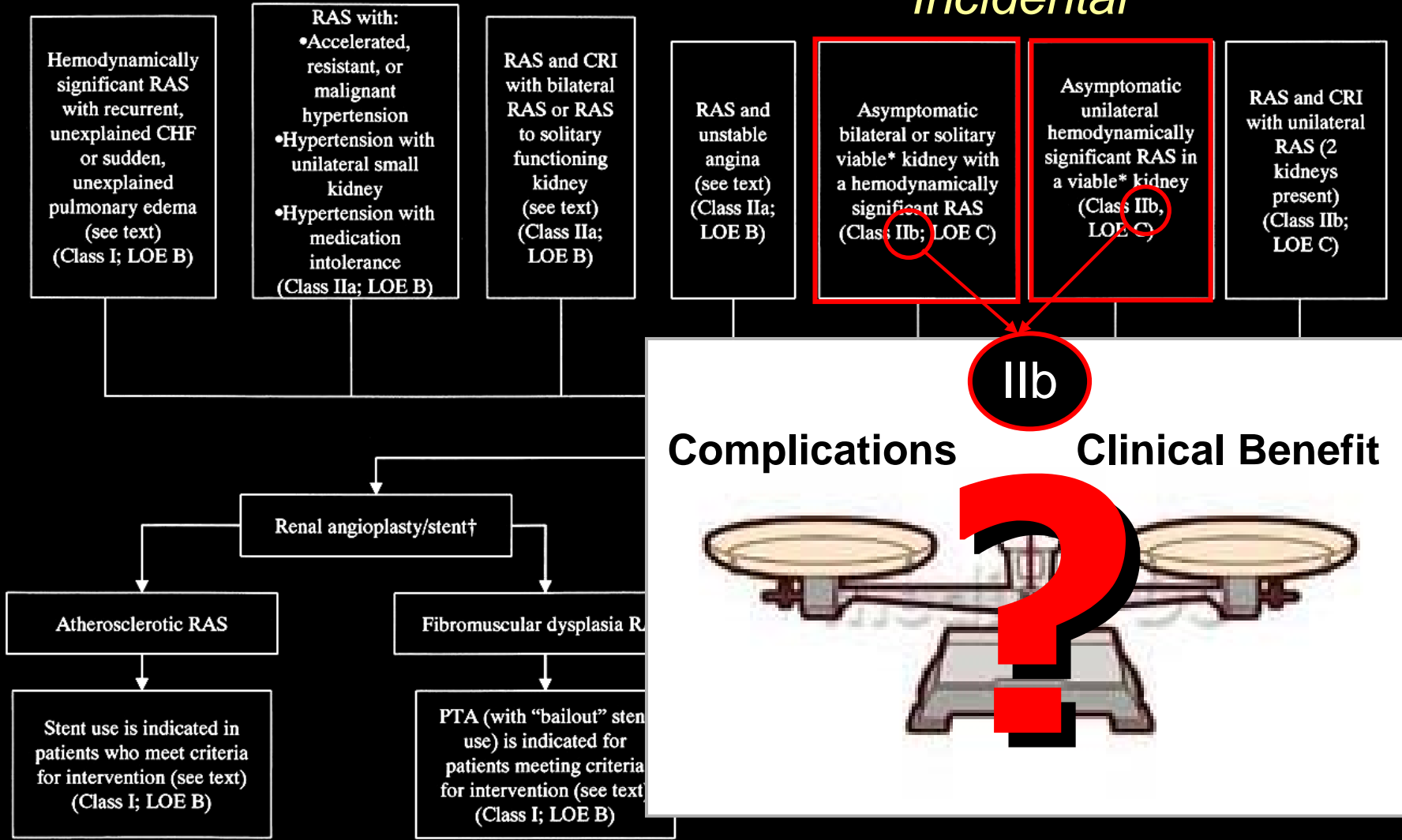
ACC/AHA 2005 PAD Guidelines

Asymptomatic "Incidental"

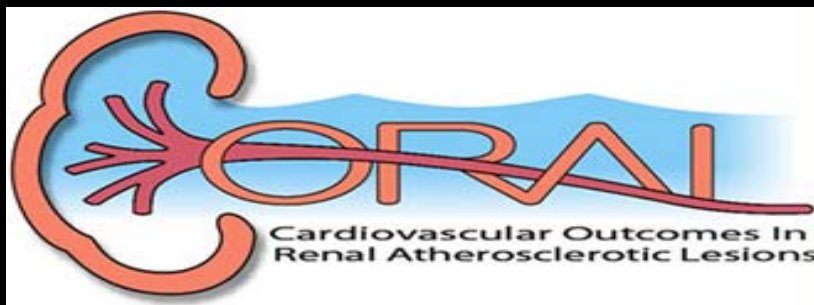


ACC/AHA 2005 PAD Guidelines

Asymptomatic "Incidental"



Renal Artery Stenting – RCT



(1080 RAS pts / 85 US sites)

... can reduce CV and renal events ?
... can improve prognosis?

Optimal Medical Therapy (OMT)

- All receive ARB(Candesartan)
- LDL, BP, HbA1c to guideline

VS.

OMT plus

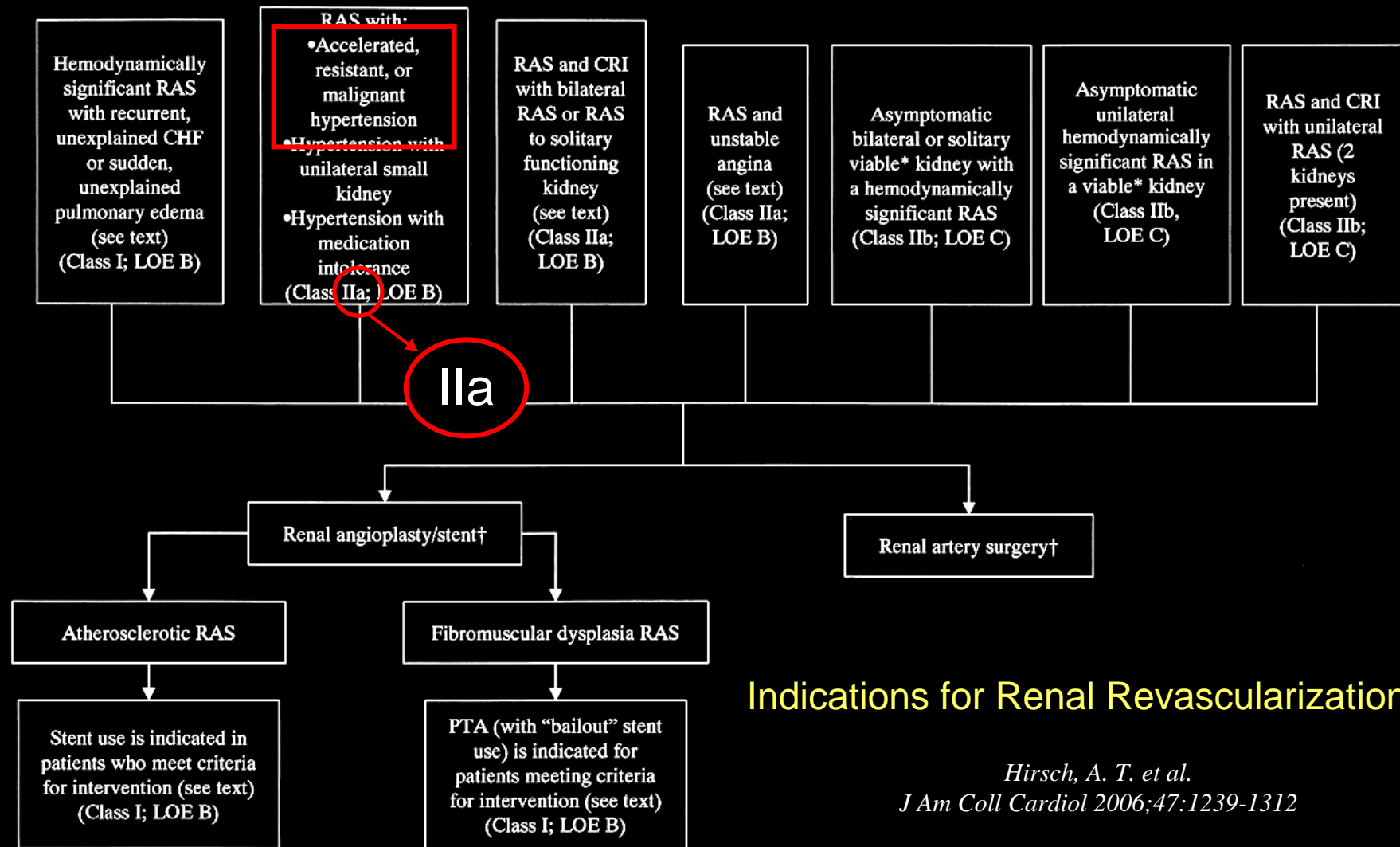
Stent Revascularization
(w/ distal protection)

Primary Outcome:

- CV or Renal Death
- Stroke
- Myocardial Infarction
- Hospitalization from CHF
- Progressive Renal Insufficiency
- Renal Replacement Rx

ACC/AHA 2005 PAD Guidelines

“Incidentally uncovered” Symptomatic



Incidental Renal Artery Stenosis

Take Home Message

- I. Cardiovascular patients in our practice occasionally have latent RAS.
- II. Such RAS are often detected incidentally, those pts are frequently symptomatic which has been under-recognized.
- III. As cardiovascular specialists, we need to pay more attention to latent RAS by aggressively applying screening tests, especially by the use of renal duplex and subsequent “Drive-by” angiography.