

MEDICAL THERAPY Vs. MEDICAL THERAPY AND
REVASCULARIZATION (STENTING) IN ATHEROSCLEROTIC
RENAL ARTERY STENOSIS: A RETROSPECTIVE STUDY

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Atherosclerotic renal artery disease is associated with significant cardiovascular and renal morbidity and mortality. Effective treatment especially benefits of revascularization therapy are not definite based on current published trials. The economics and complication burdens of this disease warrant further trials.

We retrospectively compared renal and cardiovascular outcomes in patients diagnosed with atherosclerotic renal artery stenosis who underwent medical therapy vs. medical therapy and revascularization therapy. 1000 charts were reviewed at a nephrology clinic and out of 32 patients selected, 15 underwent medical therapy alone (stenting N group) and 17 underwent medical therapy and revascularization therapy (stenting Y group). Outcomes including blood pressure, serum creatinine and cardiac events noted for a follow up period of 24 months from diagnosis.

Baseline characteristics were found to be comparable in both groups. Unadjusted analysis using Wilcoxon rank sum test and t-test showed significant difference in percentage change DBP (Diastolic Blood pressure) and SBP (systolic blood pressure) in the stenting Y group compared to stenting N group at 12 and 24 months follow-up. Percentage change of SBP showed significant difference from the baseline SBP at 1, 12 and 24 months visits for stenting Y group, but no significant difference in percent change DBP from baseline was noted except at 24 month visit. No significant percent change in creatinine from baseline or between two groups was noted. Adjusted analysis using linear mixed model showed the baseline SBP, DBP, serum creatinine and stenting to be significant. No cardiac events were noted for the follow up period in the clinic.

We conclude that revascularization therapy (stenting) in addition to optimal medical therapy improves blood pressure both SBP and DBP significantly but no significant change is noted in serum creatinine .We wait the results of CORAL and other ongoing prospective trials for the definite answer.