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Renal artery stenting: are there any indications left?

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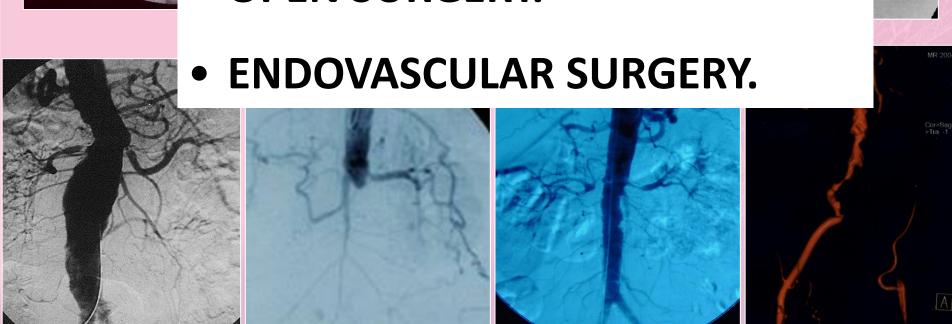
Disclosures

Speaker name: Luís Mendes Pedro

I do not have any potential conflict of interest.







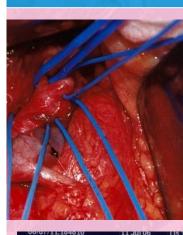
CONTROVERSES A CIVALITÉS EN CHERURGIE VASCULARE
CONTROVERSIES & UPDATES
IN VASCULAR SURGERY

JANUARY 23-25 2014

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- Concomitant need for aortic or visceral surgical reconstruction.
- Distal or branch renal stenosis.
- Very calcified ("coraliform") lesions.
- Endovascular surgery not possible.
- Complications of endovascular treatment.
- Stenosis in transplanted kidneys arteries (when an endovascular approach is not possible).
- Renal revascularization in children.



RESULTS OF RENAL STENTING

TECHNICAL SUCCESS: 95-100%

MORTALITY: <1%

MAJOR MORBIDITY: 4-6%

MINOR MORBIDITY: 1-2%

RESTENOSIS: 10-20%

PRIMARY PATENCY (5 years): 75-82%

ASSISTED PRIMARY PATENCY (5 years): >90%

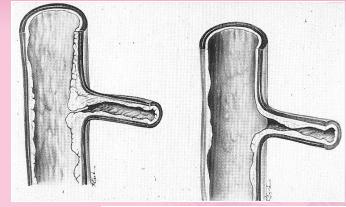
IMPROVEMENT OF AH: 50-80%

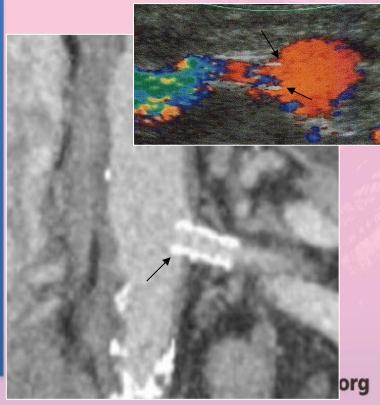
RENAL FUNCTION: IMPROVED or STABLE: 70-87%

DETERIORATION: 13-24%

Nolan et al. J Vasc Surg 2005;41:46-52 Sivamurthy et al. Vasc Surg 2004;39:565-74 Lanzer P. Weser R., 2007









	n	Endpoints	Arms (n)	Mean % stenosis (%)	Stenosis <70% (%)	Bilateral disease (%)	Mean syst BP	Mean dyast BP	Mean nº AH drugs	Mean GFR	Major Complications %
ASTRAL, 2009	806	Change renal function	Medical-403 Stent- 403	76	41	20	152/149	76/76	2.8	40/40	8
CORAL, 2013	931	Major CV/renal events	Medical- 472 Stent- 459	67		16/20	150/150		2.1±1. 6	57/58	5.2

Selection bias: patient's doctor uncertain about the benefit of revascularization.

Less severe degree of stenosis.

Lack of comprehensive hemodynamic assessment.

Moderate arterial hypertension.



 Most patients with renal stenosis may not require intervention and should be managed medically.

BUT

EDITORIAL

Don't throw out the baby with the bath water

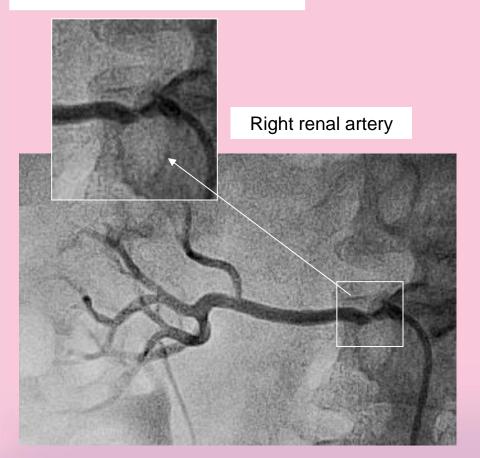
A perspective on carotid endarterectomy

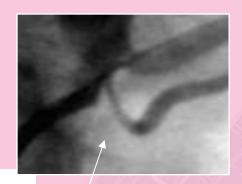
Jesse E. Thompson, M.D., Dallas, Tex.



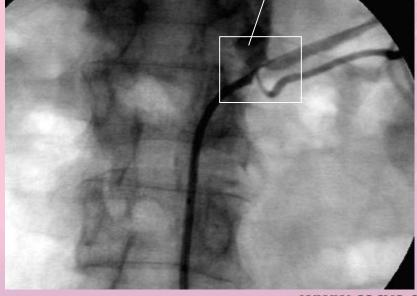
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- 72 years.
- Chronic renal failure (creat. 3.4).
- Deterioration 1 week before.
- DIALYSIS.





Left renal artery



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- Recovery of diuresis (1200cc first 12h).
- No need for dialysis.
- BP control with 1 drug.
- Creat. at 2 yrs 2.2 mg/dL



CONTROVERSES ET ACTUALITÉS EN CHERURGIE VASCULAIRE CONTROVERSIES & UPDATES IN VASCULAR SURGERY JANUARY 23-25 2014 MARROTT RIVE GAUCHE & CONFERENCE CENTER PARIS, FRANCE

RENAL TRANSPLANT ARTERY STENOSIS

- Abdominal bruit.
- Poorly controlled AH.
- Renal dysfunction after ACEI.





POPULATION

- 101 patients (77% men) / 123 renal arteries.
- Mean age 66 years (40-87).
- Retrospective study.
- Mean degree of stenosis: 83% (60-95).
- All patients with CFDS hemodynamic assessment (PSV>200 cm/s).
- Bilateral disease: 21.7%
- Arterial Hypertension: 98%
- Renal Failure (Creat>1.5 mg/dl): 18%
- Mean follow-up: 76 (1-168) months.



EARLY RESULTS

Atherosclerosis (n= 123 arteries ; 101 patients)

- Technical success: 121/123- 98%
- Mortality: 0
- Major morbidity:

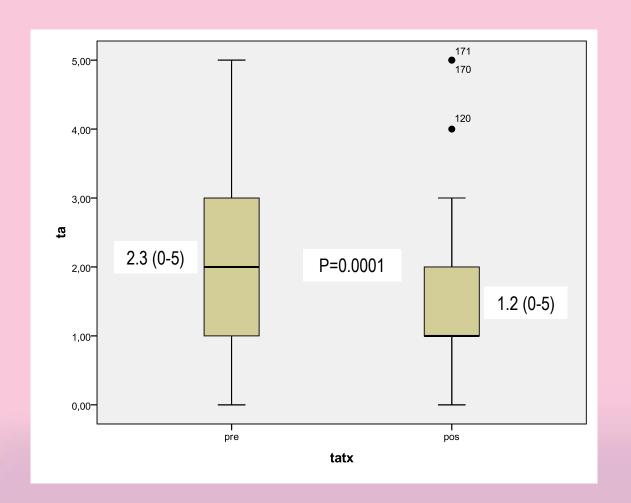
Patient- 2/101 (Reversible stroke + Renal artery rupture)- 1.9%

Technical- 1/123 (Renal artery rupture)- 0.8%

Access complications: 0



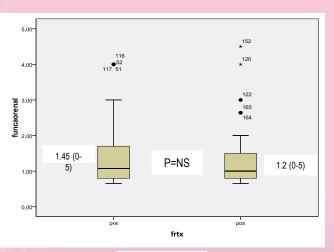
LATE RESULTS / Number of hypotensive drugs

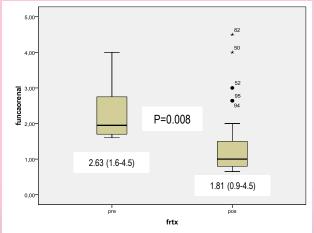


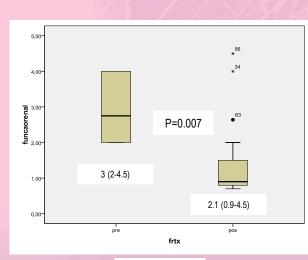
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LATE RESULTS / Renal function

Creat (mg/dl)	PRÉ	PÓS	р
All patients (n=101)	1.45 (0.6-4.5)	1.45 (0.6-4.5)	NS
Creat >1.5 (n=18)	2.63 (1.6-4.5)	1.81 (0.9-4.5)	0.008
Creat >2 (n=10)	3 (2-4.5)	2.1 (0.9-4.5)	0.007









IMPROVE PATIENT SELECTION Outcomes that need to be specifically (re)assessed in prospective trials / registries:

- Severe bilateral disease.
- Single-kidney / transplanted kidney.



- Hemodynamic assessment of the lesions:
 - Focal increased velocity on CFDS.

 Trans-stenosis gradient (>20 mmHg).
- Rapid pre-intervention decline of renal function.
- Accelerated, malignant and resistant (>4 drugs) hypertension.
- Flush pulmonary edema.
- GFR 25-40 ml/min?
- β-Natriuretic peptide (>50pg/ml)?
 - Low renal resistive index.
 - No significant proteinuria.



CONCLUSIONS

•Renal "prophylactic" interventions, driven by image, are ineffective.

•The RCT did not addressed severely symptomatic patients where the benefit of revascularization is usually accepted.

 More prospective studies with improved patient and lesion selection criteria are needed.