Continued Study, Debate, and Collaboration


Countless questions currently face the field of renal artery disease intervention. Study results have brought with them areas of disagreement and debate, but also the clear need for more data and a greater collective understanding. While those data are collected and evaluated, clinicians are still faced with the daily dilemmas of how best to treat their renal disease patients, including those with stenoses and aneurysms. We may currently have more questions than answers, but that makes this as good a time as any to look at what we believe to be the best options for our patients, sharing what has worked well in our offices and what has not.

We open our renal disease management issue with an article by James A. M. Smith, DO, who provides one physician's view of some of the key elements of the multifaceted controversy among the various specialties over the best course of therapy. Next, we have a timely roundtable discussion featuring Drs. Michael R. Jaff and Timothy Murphy, both of whom are involved in the landmark CORAL trial. Drs. Jaff and Murphy describe some of the difficulties in interpreting and applying data from previous trials and the importance of CORAL's role in answering the questions regarding the ideal means of treating renal artery stenosis.

We also have a variety of technique-driven articles looking at current and emerging options for treating various types of renal artery disease. Krishna J. Rocha-Singh, MD, FACC, FSCAI, FSVM, explains why catheter-based sympathetic renal denervation may be an effective adjunctive therapy to combine with the current pharmacological treatment for resistant hypertension.

Although relatively uncommon, renal artery aneurysms can be technically difficult to treat. Kak Rae Kim, MD; Hamid Zahiri, DO; Jian Cai, RVT; Richard Wilkerson, MD; Elliott Badder, MD; Luis Queral, MD; and Paul R. Lucas, MD, provide a case report on repairing a renal artery aneurysm endovascularly with embolization coils, as opposed to the more traditional method of open aneurysmectomy and revascularization. Benjamin M. Jackson, MD, and Edward Y. Woo, MD, overview several open and endovascular approaches for elective repair of ruptured renal artery aneurysms, describing a coiling case as well.

The deterioration of renal function is a complication that occurs much too often after renal artery stent revascularization. Dr. Andrew Holden shares his experience with embolic protection and the no-touch technique to help protect renal vasculature. Finally, Michael Wholey, MD, MBA; James Wu, BA; William C.L. Wu, MD, FACC; and Ian Nowak, CRT, discuss their experience with computed tomographic angiography as a valuable tool in screening for renal artery stenosis and planning the stenting procedures that follow.

After our features on renal disease therapy, we are delighted to share an article by Dorothy B. Abel of the US Food and Drug Administration, discussing the ongoing evaluation of thoracic stent grafts. Rodney White, MD, adds a commentary looking at some possible alternative pathways to approval for these devices.

In our Today's Practice column, Jean Bismuth, MD, and Alan B. Lumsden, MD, tell us about Top Gun, which uses an educational simulator tool to train medical students in vascular surgery and endovascular techniques in a "competitive" setting. We close the issue with an interview with Peter Schneider, MD, who describes his experience with treating critical limb ischemia, his practice in Hawaii, and what we can expect at the VIVA 2009 meeting.

With key studies underway and many topics still in the midst of heated debate, we look forward to sharing our clinical experiences and hearing all those you have encountered. ■

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