

The Renal Renaissance

In recent years, a shadow has loomed over vascular intervention in the renal arteries. Questions regarding trial designs and data and the potential overuse of stents seemed to pause progress with the procedure, then reverse it. However, the downturn has not merely corrected the situation to include only appropriate use; it seems to have obscured the fact that there are still large numbers of patients who need revascularization of their renal arteries, particularly those with resistant hypertension. The good news is we may be witnessing a new era in renal therapy. If we dedicate ourselves to good science and effective collaboration, the current signs of resurgence could mark the start of a true renaissance.

One of the hottest topics in all of vascular therapy is renal denervation for the treatment of resistant hypertension. Jacek Kądziera, MD, PhD; Andrzej Januszewicz, MD, PhD, FESC; and Adam Witkowski, MD, PhD, FESC, provide an overview of this procedure, including trial data on its safety and effectiveness and other potential indications for this procedure. Next, I reach out to industry representatives, who share previews of forthcoming products that utilize a variety of methods for improving severe hypertension via renal artery denervation.

Our feature then shifts focus to the aforementioned topic of renal stenting. First, George V. Moukarbel, MD, and Mark W. Burket, MD, examine the effects that previous trial data, the ACC/AHA guidelines, and CMS reimbursement have each had on the number of stenting procedures being performed today. Beau M. Hawkins, MD, and Michael R. Jaff, DO, look at some of the more recent renal stenting trials and some specific ways that future studies can improve the quality of data—with optimal patient selection, testing the efficacy of new technologies, and using clinical endpoints to identify patients who will derive long-term benefit from this technique. As part of this discussion, I briefly summarize the recent establishment of objective performance goals for renal stenting trials, which seek to elevate this course of study in a variety of ways, including an emphasis on reduction in blood pressure.

Next, Massoud Leesar, MD, FACC, FSCAI, shares techniques for assessing the severity of renal artery stenosis, which help to guide appropriate patient selection.

Renal artery fibromuscular dysplasia often goes undiagnosed but can lead to the development of serious disease states. Joe F. Lau, MD, PhD; Robert A. Lookstein, MD; and Jeffrey W. Olin, DO, share the benefits of their extensive knowledge in this arena and discuss noninvasive imaging modalities that can be used for patient screening.

We have also invited coverage of mesenteric ischemia and visceral aneurysm treatments. My partner, Gregory Mishkel, MD, FRCPC, FACC, FSCAI, reviews the acute and chronic aspects of mesenteric ischemia, the importance of early detection, and which treatment options are currently viable. And, a panel including Mark D. Morasch, MD, FACS, RPVI; Christopher D. Owens, MD; Nael Saad, MD; and Sanjeeva Kalva, MD, each answer the question: What is your threshold for treating visceral aneurysms versus watchful waiting?

Outside of our cover feature, we also have a few interesting department articles. First, a Challenging Cases submission by Mike Malinowski, MD, and Ross Milner, MD, in which the authors detail the treatment of recurrent superior vena cava syndrome with endovascular techniques. Also, Andrzej Boguszewski, MD; Michael Tucciarone, MD; James Torey, PA-C; and Thomas Davis, MD, describe the TAPE method and how it might assist in treating peripheral chronic total occlusion lesions.

To close this issue, we have an interview with Anthony J. Comerota, MD, in which he shares his thoughts on deep vein thrombosis treatment and the upcoming meeting of the International Society of Vascular Surgery. ■



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