

Searching for Answers in the Renal and Visceral Space

With the enthusiasm, as well as recent setbacks, generated by renal denervation and other forms of sympathetic modulation to treat patients with resistant hypertension, there has never been more focus among the global medical community on the renal vasculature and sympathetic nerves. Proving the efficacy of renal and visceral therapies has always been a challenge, with renal stenting remaining an ongoing battleground for debates on study design, patient candidacy, and appropriateness of care. Although not as hotly debated, there are still many questions on when and how to best treat renal and visceral aneurysms. These disease states share a common need for trials that are designed to both generate sound data and keep up with technological advances. In the meantime, clinicians are tasked with applying the data we have to the technologies available in order to provide the best treatment to the patients in front of us.

In this edition of *Endovascular Today*, we have called on a wide-ranging group of vascular and hypertension experts to share their perspectives on current data, unmet needs, and what will come next in these arenas.

We begin the discussion with a very candid look at resistant hypertension, in which Graham D. Cole, MA, MRCP; James P. Howard, MA, MRCP; and Darrel P. Francis, MD, MA, FRCP, define the true parameters of this disease versus noncompliance to pharmacotherapy and what we have learned from clinical trials to better tackle this complex problem. Hypertension and vascular experts Mel Lobo, PhD; Barry T. Katzen, MD; Marc Sapoval, MD, PhD; Horst Sievert, MD; and Farrell O. Mendelsohn, MD, provide a glimpse into the next phase of hypertension treatment by forecasting the headlines we might see in the year 2020.

Keigo Osuga, MD, PhD, then shifts focus toward real-world cases that demonstrate the need to carefully weigh the technical considerations of visceral aneurysm packing to avoid coil compaction or recanalization. Next, we spoke with Pierre Goffette, MD, about his thresholds for visceral aneurysm intervention, how these standards have evolved during his years of practice, and how the technologies and techniques available today may be best utilized.

Nina M. Bowens, MD, and Grace J. Wang, MD, share a case report of a patient with a superior mesenteric artery

aneurysm in the presence of an aortic arch aneurysm, as well as an abdominal aortic aneurysm and multiple significant comorbidities. We also asked John H. Rundback, MD; Professor Ken Thomson, MD; and Koen Deloose, MD, about the ways they have approached renal stenting earlier in their career and how their protocols are different today based on experience and trial data.

Outside of our cover features, Jos C. van den Berg, MD, PhD, reviews the available data concerning the use of combination therapy (atherectomy and drug-coated balloon angioplasty) to treat both primary lesions and in-stent restenosis of the SFA. Jonathan R. Young, MD; Hugh Gelabert, MD; and John Moriarty, MD, share their management strategy for patients with Paget-Schroetter syndrome in the absence of definitive clinical data or treatment guidelines. Nick Yee, MD, and Johanna K. DiStefano, PhD,

describe a technique for extravascular reconstruction of a chronic central venous occlusion in an innominate vein using image-guided dissection and stent grafts. Katharine L. Krol, MD, once again lends her coding expertise to those who are unsure how to properly report new technologies or procedures for which there is not yet an applicable CPT code. And finally, Steven J. Cagnetta, Esq, and Steven K. Ladd provide further Physician Counsel advice on how to dispute erroneous information that you might find in the Open Payments database.

We close this edition with an interview with Jan H. Peregrin, MD, a 2014 CIRSE gold medal winner and past president of the society, as he reflects on his experience in cultivating interventional radiology to be its own distinct specialty and what directions it might take going forward.

To fully encapsulate and summarize a field as ripe in endeavor (and controversy) as those of renal and visceral interventions would be impossible. In this edition, we hope to have highlighted some of the key ongoing discussions in an educational and at times entertaining way. We look forward to your feedback and efforts to continue enhancing the care we offer these patients. ■

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