

REVASCULARIZATION VERSUS MEDICAL THERAPY FOR RENAL-ARTERY STENOSIS

O. Dulberg, M. Lishner

Department of Internal Medicine A, Meir Medical Center, Kfar Saba, Israel

Case report: A 65 year old man with uncontrolled hypertension, chronic renal failure, left renal artery stenosis and no history of ischemic heart disease was admitted twice to our ward with physical and radiological findings of pulmonary congestion, with no chest pain. His blood pressure during these two episodes was extensively elevated around 230/110 mmHg despite optimal medical treatment. Laboratory studies revealed creatinine levels above 3 mg/dL and elevated troponin T. Serial ECG's showed no signs of ischemia. Several auxiliary tests were performed, including a trans-thoracic echocardiogram which demonstrated normal ventricular function and impaired relaxation; a normal thallium-spect test; and an ultrasound Doppler study of the renal arteries which showed signs of bilateral renal artery stenosis. How should the patient be further evaluated and treated?