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Patiente de 63 ans
Apparition récente d'une HTA sévère
Pas de facteur de risque
Echodoppler: dysplasie a rénale drt
Sténose sévère

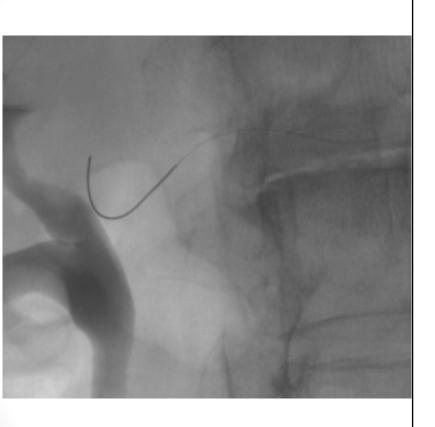
63-year-old patient with recent onset of hypertension
No risk factors
Doppler: unilateral right renal artery dysplasia estimated as « severe »



- Multiple very short diaphragmatic lesions
- No precise recommendation in the litterature
- Scan and MRI → limitation (spatial definition)
- Doppler: no precise definition of what stenosis should be considered as severe or to be treated



- Use a pressure gide wire to assess trans stenotic gradient as standard of reference
- Use IVUS to assess intra arterial abnormality



Guide 0.014 avec capteur de pression

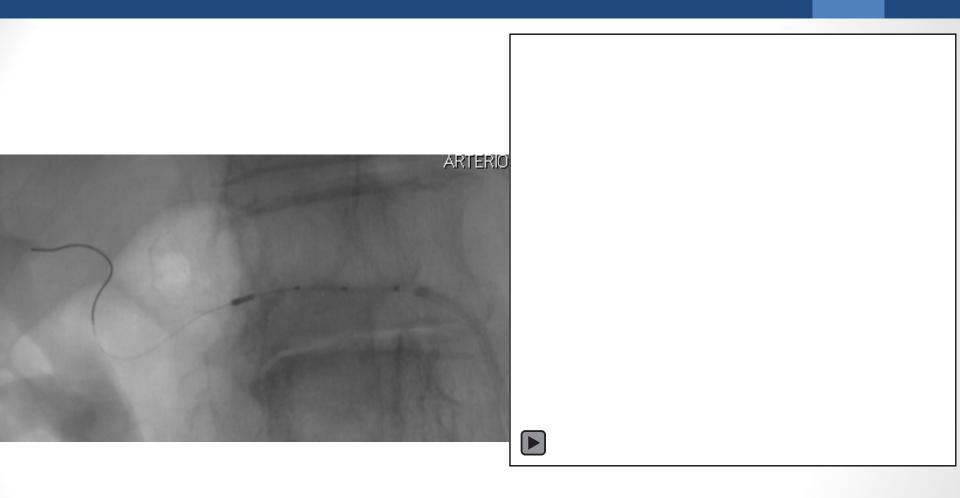


Mesure des pressions trans sténotique

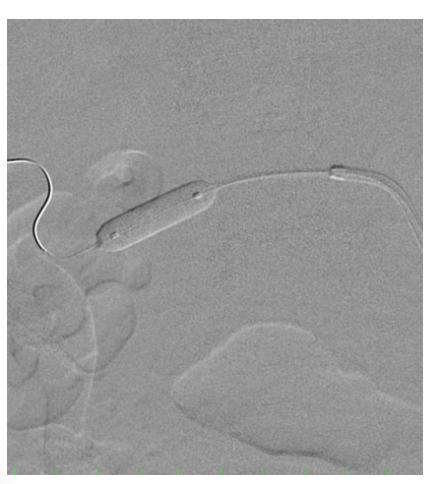
		P Ao	P distale	P distale/P ao (FFR)	P ao – P distale
	Repos	122	115	0,94	20

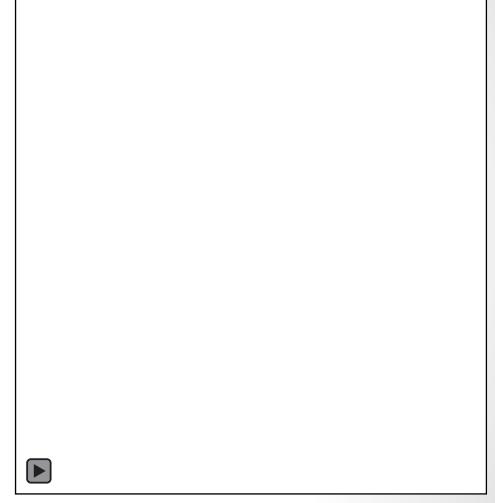


Echo endovasculaire



Echographie intra vasculaire sonde 5F, dans le cathéter guide 6F

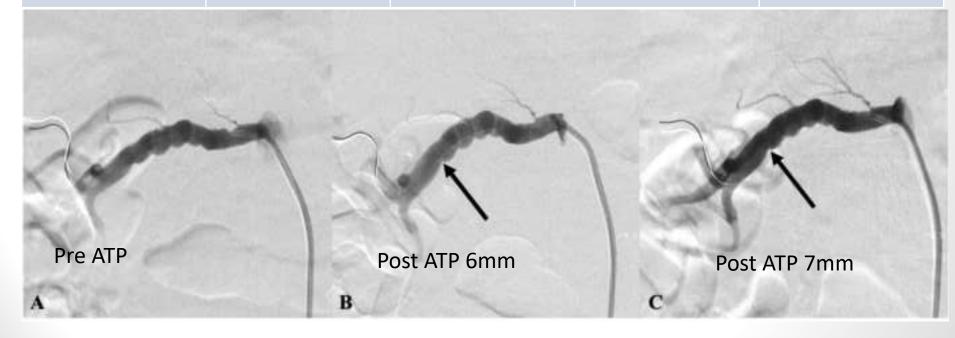




Ballon de 6mmx20mm

	PAo	Pdistale	Pdistale/Pao FFR	PAo-Pdistale
Repos	122	102	0,94	20
Post ATP 6mm	120	102	0,93	18
post ATP 7mm	120	119	0,99	1

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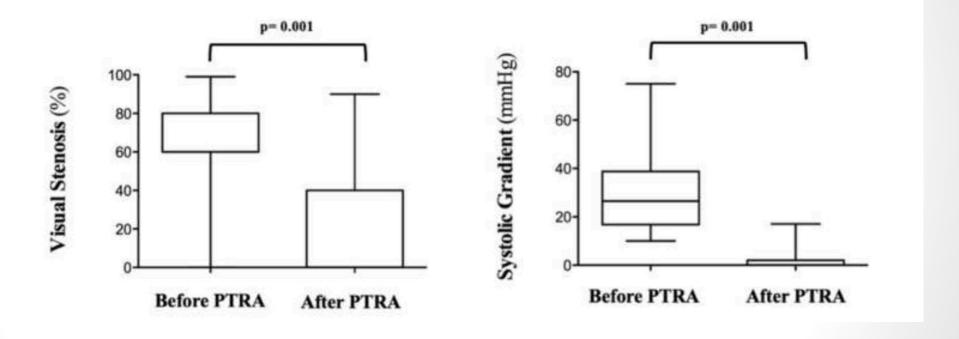
Objectifs

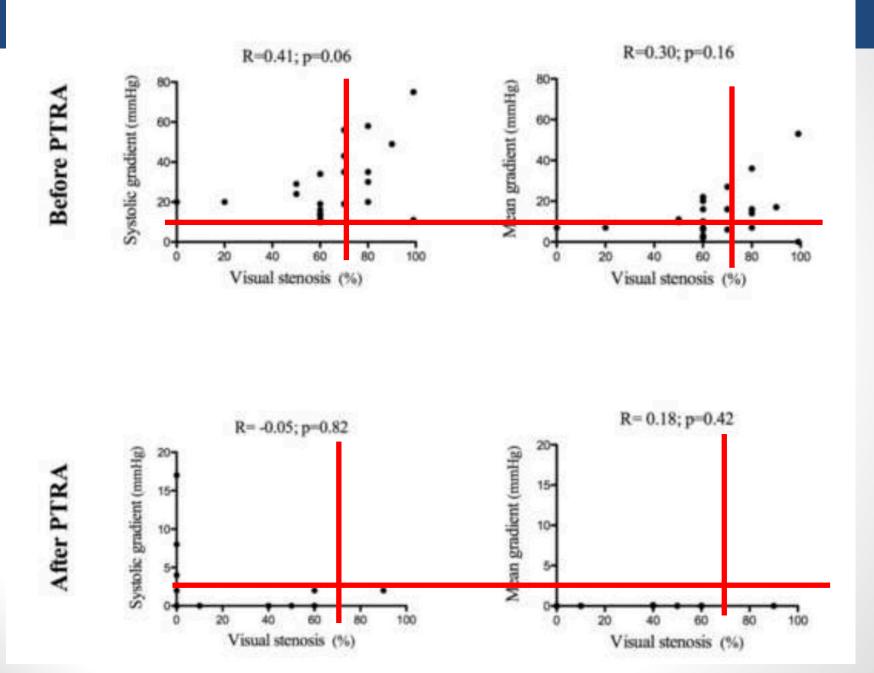
- Définition des critères prédictifs de la récupération tensionnelle
- 4 centres: Grenoble, Toulouse, Paris HEGP, Marseille

Population

- Hypertension confirmé sur la mesure des 24H
 - Avec une sténose dysplasique
 - Sur une artère qui mesure au moins 5mm
- Patient doit bénéficier d'une angioplastie
 - Aggravation de son hypertension
 - Résistance aux traitements
 - Peu de compliance
 - OAP flash

- Doppler avec mesure gradient ao renal, v max, IR
- Scan
- Prise de pression / guide de pression et sonde
- End point de l'ATP guidé par le gradient
- End-point: équilibre tensionnel à 6 mois
 - Mesure TA / 24H
 - Nombre de traitement





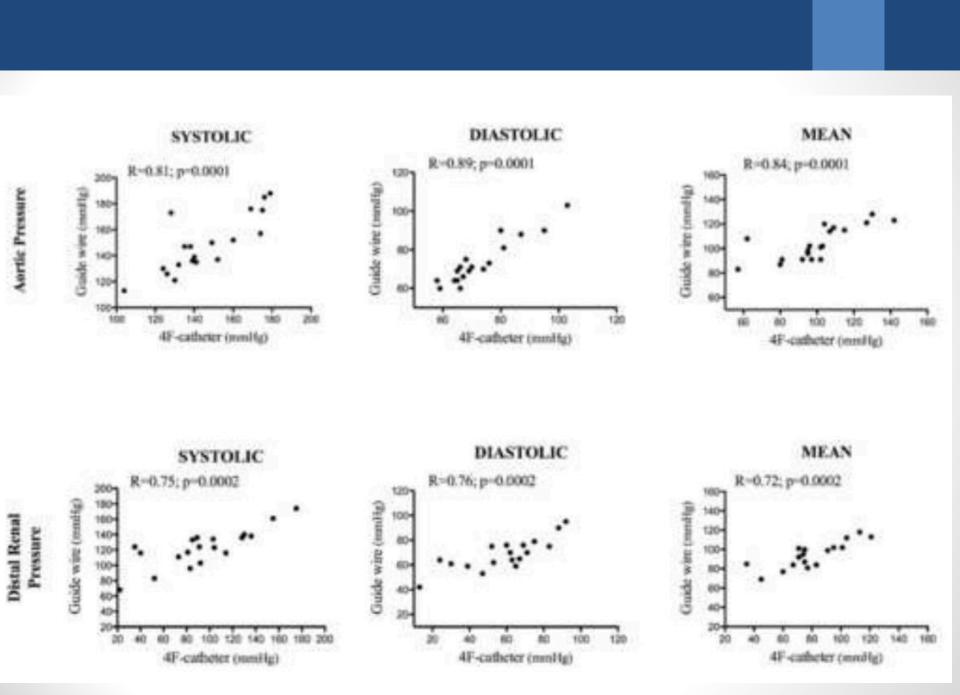
	n=24	Before PTRA	After PTRA	
				P-value
	Pa (mmHg)			
	Systolic	154.00 ± 29.45	162.40 ± 30.42	0.02
	Diastolic	76.88 ± 13.37	77.41 ± 13.10	0.70
6 patients (25%) ont nécessités une seconde	Mean	108.40 ± 19.76	111.60 ± 21.14	0.13
angioplastie	Pd (mmHg)			
	Systolic	126.00 ± 33.44	155.20 ± 29.26	<0.01
	Diastolic	70.25 ± 14.50	75.95 ± 15.55	0.05
	Mean	94.29 ± 22.08	109.00 ± 21.90	<0.01
	Pd - Pa gradient (mmHg)			
	Systolic	26.50 (16.75-38.75)	0.00 (0.00-2.00)	<0.01
	Mean	12.50 (7.00-19.25)	0.00 (0.00-0.00)	<0.01
	Pd/Pa ratio			
	Systolic	0.82 ± 0.14	0.96 ± 0.03	<0.01
	Mean	0.87 ± 0.12	0.97 ± 0.03	<0.01

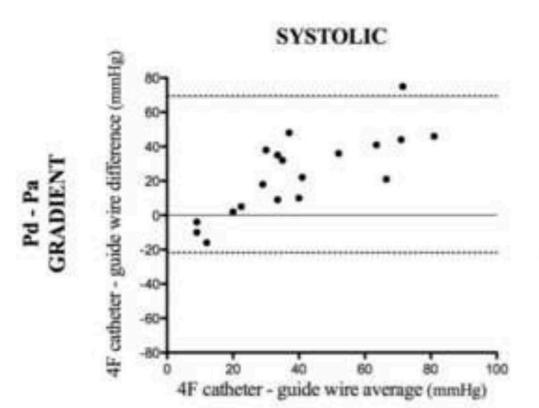
	Responders	Nonresponders
	n=21	n=3
Clinical baseline characteristics		
Age (years)	48.71 ± 13.85	47.33 ± 7.51
Sex (M/F)	0 (0%)/21 (100%)	3 (100%)/0 (0%)
Number of cardiovascular risk factors	1.29 ± 1.11	1.33 ± 1.16
Systolic blood pressure (mmHg)*	152.70 ± 18.60	153.00 ± 20.30
Diastolic blood pressure (mmHg)*	92.19 ± 12.77	83.67 ± 15.50
Number of antihypertensive drugs	2.52 ± 1.25	2.33 ± 0.58
	170.00 (72.50-	
Total treatment dose (mg/day)	241.00)	92.50 (7.50-177.50)
eGFR (MDRD, ml/min/1.73 m2)	78.99 ± 13.02	80.45 ± 3.46
DUS baseline indices (treated side)		
Kidney size (cm)	104.90 ± 9.51	99.33 ± 8.14
IR	0.53 ± 0.10	0.63 ± 0.09
SAT (ms)	126.60 ± 46.84	168.00 ± 19.97
Aortic PSV (cm/s)	85.00 ± 17.75	76.67 ± 6.81
Renal PSV (cm/s)	387.50 ± 106.06	233.70 ± 133.00
EDV (cm/s)	137.70 ± 67.85	67.33 ± 38.00

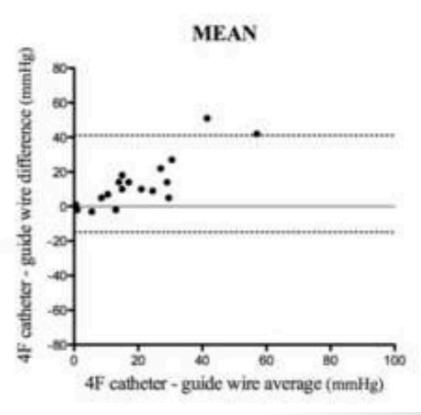
Angiographic indices (treated side)	Responder	Non responder
Systolic Pa (mmHg)	149.40 ± 24.25	186.30 ± 48.01
Diastolic Pa (mmHg)	75.86 ± 13.04	84.00 ± 16.37
Mean Pa (mmHg)	105.30 ± 16.13	130.30 ± 32.62
Systolic Pd (mmHg)	119.80 ± 28.56	170.00 ± 37.32
Diastolic Pd (mmHg)	68.19 ± 13.24	84.67 ± 17.62
Mean Pd (mmHg)	89.90 ± 18.03	125.00 ± 27.18
Systolic Pd-Pa gradient (mmHg)	30.00 (16.00-40.00)	20.00 (19.50-22.00)
Mean Pd-Pa gradient (mmHg)	16.00 (7.00-20.00)	7.00 (6.50-9.00)
Systolic Pd/Pa ratio	0.80 ± 0.14	0.92 ± 0.06
Mean Pd/Pa ratio	0.86 ± 0.12	0.96 ± 0.04

Procedural succes

- Procedural success :
 - translesional systolic gradient Pd Pa ≤ 10 mmHg2
 - reduction in systolic gradient by at least 80%.
- In case of procedural failure, a second PTRA was performed with a balloon 0.5 mm larger than the first.
- In case of a second failure, the operator kept the right to decide to perform another angioplasty with a larger balloon or to stop the procedure.







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 - Peu de compliance
 - OAP flash
- Guide l'angioplastie par mesure de pression gradient <
 10mmHg ou une baisse de 80% du grandient
- → Soignent 80% des patients

