

A Study of Renovascular Affection
in Coronary Artery Disease

THESIS

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INTRODUCTION

**TO MY FATHER, MOTHER,
WIFE AND MY SON EMANUEL**

ACKNOWLEDGMENT

Firstly, I am deeply thankful to God by the grace of whom, the present work was possible.

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LIST OF ABBREVIATIONS

(key words)

CT	connective tissue
CAD	coronary artery disease
PTCA	percutaneous transluminal coronary angioplasty
PTRA	percutaneous transluminal renal angioplasty
PRA	plasma renin activity
BP	blood pressure
RVA	renovascular affection
ECG	electrocardiogram
ACE	angiotensin converting enzyme
SIG	significant
NS	non significant
IVUS	intravascular ultrasound
GFR	glomerular filtration rate
PA	posteroanterior

INTRODUCTION

The coexistence of different clinical syndromes due to atherosclerosis in different organs is not rare and emphasizes the diffuse nature of this vascular process .

Patients undergoing cardiac catheterization with documented coronary artery disease are a high risk population for renal artery stenosis particularly in the presence of other predictive factors such as hypertension(Tami et al.,1995).

It is not always justifiable to label hypertension in the presence of renal artery stenosis as renovascular hypertension as the two conditions simply may coexist. (Derlex et al.,1994).

Peripheral vascular disease is another predictive factor of high risk population.

Also cerebrovascular disease is a manifestation of atherosclerotic syndrome in central nervous system .

Arteriography is the only method of demonstrating precisely the presence of renovascular affection .

Although arteriography is some times less than hundred percent reliable in assessing the significance of such a lesion, it is a necessary preliminary to any more intensive search for the operable patient(Abrams1975).

It also discloses a significant group of other renal lesions in which ischemia may coexist with hypertension.

Renal angiography is the only method for direct visualization of renal arteries and is the gold standard for comparison with less invasive procedures(Tami et al.,1995).

With the application of newer methods of arteriography to a variety of vascular diseases it became apparent that many arterial stenosis were not of hemodynamic or clinical significance and that severe renal artery stenosis may exist without associated hypertension .

