Relationship of renal dysfunction to proximal arterial disease severity in atherosclerotic renovascular disease

Sir,
Suresh et al. [1] addressed their study to a most important issue. However, I think there is a problem in methodology. The cohort of 71 patients had been selected by hypertension or chronic renal failure. So this population is heterogeneous as far as renal disease is concerned. The conclusion that there are no significant differences between the subgroups and therefore there is no influence of the degree of renal artery stenosis on renal function is problematic. The subgroup with no significant renal artery stenosis has a remarkable reduction of creatinine clearance, probably due to parenchymal renal disease. Should not the main reason for GFR reduction in the groups with more significant renovascular disease be the renovascular disease or at least contribute to it significantly?

Interventional studies like the one of Zuccalà et al. [2] show a benefit of PTRA or stenting in renovascular disease, even in diabetes mellitus, where parenchymal kidney disease is of course very common due to classical diabetic nephropathy. This is the reason why Suresh et al. excluded diabetic patients from their study. I agree with the statement that further studies are required which enable us to select patients most likely to benefit from revascularization.

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1. Suresh M, Laboi P, Mamtura H, Kalra PA. Relationship of renal dysfunction to proximal arterial disease severity in