

第 59 回

日本心臓病学会学術集会が

9 月 23 日（金）に神戸ポートピアホテル

にて開催されます。当院からは、心臓血管

内科 河原田 修身先生が学術発表

致しますのでご紹介します。

コントロバーシー1

第1日目 9月23日(金) 16:30~18:00

【第2会場】

腎動脈インターベンションは有用か否か

座長：横井 良明^(FJCC) (岸和田徳洲会病院 循環器科)
山下 武廣 (心臓血管センター北海道大野病院)

C-1-1 Cardiac Benefits of Renal Artery Stenting

西の京病院 心臓血管内科
河原田 修身

C-1-2 The efficacy of Embolic Protection During Renal Artery Stenting

東京女子医科大学 循環器内科
東谷 迪昭, 山田 典弘, 山口 淳一, 森 文章, 小川 洋司, 萩原 誠久

C-1-3 腎動脈ステント術には厳格な適応基準が必要である

滋賀医科大学 腎臓内科
宇津 貴

抄 録

C-1-1 Cardiac Benefits of Renal Artery Stenting

西の京病院 心臓血管内科

河原田 修身

Aims: To evaluate the effects of renal stenting on cardiac function using echocardiographic parameters and to clarify whether changes in clinical and echocardiographic variables after renal stenting differ between atherosclerotic renal artery stenosis (ARAS) patients with and without cardiac symptoms.

Methods and Results: A total of 61 patients who underwent renal stenting and echocardiography were included in the study. Left ventricular (LV) filling pressure and LV relaxation were evaluated with tissue Doppler imaging. The ratio of the peak early diastolic mitral inflow velocity to the peak early mitral annular velocity (E/e' ratio) and the e' -velocity were measured to assess diastolic function. LVEF remained unchanged, but the E/e' ratio ($P<0.001$) and the e' -velocity ($P=0.004$) improved after renal stenting. In particular, the E/e' ratio improved from 13.7 ± 5.6 to 11.9 ± 4.0 ($P=0.002$) within 24 hours after renal stenting and remained low at 11.2 ± 3.8 after a mean follow-up period of 7 ± 4 months ($P=0.001$). Patients with cardiac symptoms showed significantly better change in E/e' ratio ($P=0.002$) and E -velocity ($P=0.005$) compared to those without cardiac symptoms. The cardiac symptoms also significantly improved after renal stenting (New York Heart Association functional class: 2.5 ± 0.6 at baseline to 1.4 ± 0.6 at follow-up; $P<0.001$).

Conclusions: Renal stenting improved echocardiographic parameters that reflect LV diastolic function, and yielded a higher benefit for E/e' ratio and E -velocity in patients with cardiac symptoms than in those without cardiac symptoms.