

Strong evidence lacking to compare management strategies for renal artery stenosis

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Researchers found a lack of strong evidence to compare the benefits and harms of revascularization using percutaneous transluminal renal angioplasty with stent placement (PTRAS) versus medical therapy alone for atherosclerotic renal artery stenosis (ARAS). The report is published in *Annals of Internal Medicine*.

ARAS is a narrowing of arteries that carry blood to one or both of the kidneys. It is more prevalent in older people and can lead to hypertension and kidney damage. Treatment options for ARAS include [medical therapy](#) - aggressive blood pressure control, statins, and antiplatelets - or renal artery revascularization with continued medical therapy. PTRAS is the current standard for revascularization. A 2007 systematic review of management strategies for ARAS concluded that evidence did not support one treatment approach over another. Since then, two large trials have been conducted. Given the inconclusive prior review and the availability of new evidence, investigators sought to reevaluate the comparative benefits and harms of strategies for management of patients with ARAS and to identify factors that may predict which patients are most likely to benefit from each intervention.

The researchers reviewed 83 published studies to compare the benefits and harms of PTRAS versus medical therapy alone for ARAS. Overall, the evidence did not support a benefit with PTRAS over medical therapy alone in most patients with ARAS. Observational studies did suggest that

some high risk patients may have improved outcomes with PTRAs and anecdotal evidence suggest that some [patients](#) with acute decompensation due to ARAS benefit clinically from revascularization. A reanalysis of available research or more targeted studies may be needed to determine the comparative effectiveness of the two interventions.

More information: *Annals of Internal Medicine*,
<http://www.annals.org/article.aspx?doi=10.7326/M16-1053>

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