

Denervation of renal artery branches in the treatment of resistant hypertension

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In a new publication from *Cardiovascular Innovations and Applications*, Tian-Jiao Lyu, Ling-Yan Li, Xu and colleagues from the Putuo Center Hospital Affiliated to Shanghai University of Traditional Chinese Medicine, Shanghai, China studied the safety and efficacy of denervation of renal artery branches in the treatment of resistant

hypertension.

Sixty patients with resistant hypertension were enrolled. The patients were randomly assigned to the main renal artery plus branch [ablation](#) group or the main renal artery ablation group. The [clinical data](#) and operation-related parameters, including number of ablation points, temperature, and average energy, were recorded. Ambulatory blood pressure were taken for all patients at the baseline and at six months after [treatment](#). Office blood pressure was recorded before treatment and after treatment every three months for two years.

Sixty patients with resistant hypertension were enrolled in this study. There were 30 patients in each group. Angiography was performed after ablation. No renal artery complications, such as stenosis and dissection, occurred in the two groups. There was no significant difference in age, sex, BMI, comorbid disease, and medication between the two groups ($P > 0.05$). The number of ablation points for the main renal artery plus branch ablation group was greater than that for the main renal artery ablation group. The office blood pressure and 24-hour blood pressure were significantly lower six months after treatment than before treatment in both groups (P

The authors conclude that main renal artery plus branch ablation is a safe interventional method, but there was no obvious advantage on long-term follow-up compared with only main renal artery ablation.

More information: Zong-Jun Liu, Main Renal Artery Plus Branch Ablation in the Treatment of Resistant Hypertension with Renal Denervation, *Cardiovascular Innovations and Applications* (2021). [DOI: 10.15212/CVIA.2021.0024](https://doi.org/10.15212/CVIA.2021.0024)

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