

## 2.4.g. Renal Arter

### 2.4.g.1. Renal Arter Patolojilerinde Endovasküler ve Hibrid Tedavi Seçenekleri

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#### 1. Renal Arter Stenozu ve Renal Hipertansiyon

Renal arter stenozu (RAS), refrakter hipertansiyona ve iskemik nefropati sonucunda böbrek yetmezliğine yol açabilmektedir. Renal fonksiyonların korunması ya da düzeltilmesi, hipertansiyonun tedavisi ya da kontrol altına alınabilmesi için stenotik renal arterlere sahip böbreğin revaskülarize edilmesi gerekmektedir (1).

Renalovasküler hipertansiyon, renal arterler ve dallarının stenozu sonucu gelişen ciddi diyastolik hipertansiyon olarak tanımlanır. Tüm hipertansif hastaların %5'inden az bir kısmı renovasküler hipertansiyon hastaları oluşturur. Cerrahi olarak tedavi edilebilen hipertansiyon nedenleri arasında erişkinlerde birinci, pediatrik vakalarda aort koarktasyonundan sonra ikinci sırada yer alır (2).

İlk defa 1777 yılında J.H.Respinger, otopsi çalışmalarında, renal arterlerde darlık olabileceğini göstermiştir. 1836'da Bright, böbrek hastalığı ile hipertansiyon arasında bir ilişki olduğunu öne sürmüştür. Renal arter stenozu ile hipertansiyon ilişkisini ilk defa 1909 Janeway tarafından ortaya konmuştur (2).

Renovasküler patolojilerin etiolojisinde en sık neden arteriyosklerozdur (%50-80). Diğer nedenler ise sıklık sırasına göre, fibromusküler displazi, vas-

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