

# ST. NICHOLAS HOSPITAL HEALTHSOURCE

## Renal Hypertension

Renal hypertension caused by a narrowing of the arteries that carry blood to the kidneys is also known as "secondary hypertension."

During renal hypertension, one or both of the kidney arteries become narrow, reducing blood flow to the kidneys. The affected kidney or kidneys mistakenly respond as if the patient's blood pressure is low, secreting hormones that tell the body to retain salt and water, which, in turn, increases blood pressure throughout the body. Many disorders can cause the narrowing of the renal arteries. These include hypertension, high cholesterol, cigarette smoking, and diabetes. Other disorders can also cause renal hypertension.

Usually, high blood pressure causes no symptoms. A mild headache may be experienced. Certain signs and symptoms, however, may point to renal hypertension. These include severe, hard-to-control hypertension; a "whooshing" noise the doctor may find when placing a stethoscope over the abdominal area; episodes of heart failure; rapid progression of kidney failure; and sudden aggravation of previously well-controlled hypertension.

Renal hypertension may be diagnosed through renal arteriography, which involves an injection of dye into the renal artery so that a narrowing of the artery can be seen on an x-ray; Doppler ultrasound of the renal arteries; and magnetic resonance angiography.

The first treatment of renal hypertension involves controlling the patient's high blood pressure with medication. Further management depends on the underlying cause of renal hypertension. If necessary, angioplasty and stenting of the renal arteries is possible.

The most effective way to prevent renal hypertension is through lifestyle changes, such as weight loss, exercise, and modifying sodium intake.



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