

THE EFFECT OF THE PRESENCE OF MULTIPLE (ACCESSORY) RENAL ARTERIES ON BIOCHEMICAL PARAMETERS OF RENAL FUNCTION AND HEMODYNAMIC MEASUREMENTS

Delalić Đ¹, Brežni T², Vuković J³, Prkačin I^{3,4}

1 – Health Center Zagreb Center, Zagreb, Croatia

2 – Faculty of Pharmacy and Biochemistry, University of Zagreb, Zagreb, Croatia

3 – Clinical Hospital Merkur, Zagreb, Croatia

4 – University of Zagreb, School of Medicine, Zagreb, Croatia



What we already know

The incidence of accessory renal arteries (ARA) varies across the globe¹



11.2%



25%



27.8%



25.8-46.2%

Scarce clinical data demonstrating either the presence or absence of correlation between ARA and arterial hypertension²⁻³

What we did



Retrospective patient chart review



155 patients included (80 without ARA, 75 with ARA)



All of the patients were treated for arterial hypertension in a tertiary care center's hypertension clinic



Serum urea, creatinine, Na, K, renin, aldosterone, aldosterone/renin ratio were measured for each patient



Height, weight, body mass index (BMI), blood pressure with estimated mean arterial pressure (MAP), number of antihypertensive medications used



Multi-slice computed tomography (MSCT) angiography of the renal arteries was conducted on each patient

	Patients with 2 renal arteries	Patients with >2 renal arteries	p value
Mean arterial pressure (MAP)/median; mmHg	95.7	100	0.016
Serum creatinine/median; umol/L	84.5	74	<0.001
Number of antihypertensive medications in chronic therapy list/median	3	1.5	<0.001

References

1. Vascular. 2016 Oct;24(5):531-7.
2. Am J Roentgenol. 2004 Jun;182(6):1521-4.
3. Evid Based Complement Alternat Med. 2021 Dec 29;2021:9957361.

