

Correctable

Renal Hypertension

CHESTER C. WINIER

Contents

PAGE

FOREWORD	3
PREFACE	5
ACKNOWLEDGMENTS	6
TITLES OF TABLES	10
SUBJECTS OF FIGURES	11

CHAPTER

1. THEORIES OF ETIOLOGY OF RENAL HYPERTENSION	15
2. MECHANISMS INVOLVED IN RENAL HYPERTENSION	17
Renin and Angiotensin as Precursor and Pressor Substances	17
Renoprival Hypertension	22
Pituitary and Adrenal Influences in Renal Hypertension	24
The VEM-VDM System	25
Monamine	25
Effect of Decreased Renal Blood Flow; the Goldblatt Experiment	25
Factor of Alteration in Renal Artery Pulse	28
Juxtaglomerular Apparatus	29
Carotid Sinus and Baroreceptors	32
Changes in Tubular Reabsorption Pattern of Affected Kidney	32
Unilateral Renal Disease and Clinical Hypertension	35
Reno-vascular Lesions and Clinical Hypertension	36
Obstructive Uropathy and Clinical Hypertension	36
Ptosis and Clinical Hypertension	37
Summary	37
3. INCIDENCE OF RENAL HYPERTENSION	38
4. PATHOLOGIC LESIONS RESPONSIBLE FOR RENAL HYPERTENSION	40
Renal Parenchymal Lesions	40
Reno-vascular Lesions	45
Atherosclerosis	45
Mural Hyperplasia	48
Aneurysms	55
Other Reno-vascular Lesions	56
Perirenal Lesions	58

8 Contents

CHAPTER	PAGE
5. METHODS OF DIAGNOSING RENAL HYPERTENSION	59
Definition of Hypertension	59
History of the Hypertensive Patient	60
Symptomatology in Renal Hypertension	61
General Physical Examination	61
Urine Analysis	63
Roentgenography	64
Blood Analysis	64
Additional Special Tests	66
Screening Tests for Renal Hypertension	67
Radioisotope Renography	67
Excretory Urography	81
Retrograde Renal Studies	91
Author's Method of Performing Individual Renal Tests	91
Howard 1953 Method	94
Birchall Method	94
Rapoport T.R.F.R. Method	95
Stamey Method	95
Howard-Connor 1962 Method	96
Isotope, PSP, and Indigo Carmine Excretion Tests	97
Complications of Retrograde Renal Function Tests	99
Renal Arteriography	99
Indications for Renal Arteriography	100
Translumbar, Transfemoral and other Vascular Routes	101
Complications of Aortography	115
Ancillary Studies	116
Ganglionic Blockade	116
Renal Scintiscan	116
Rh ⁸⁶ Test	117
Renal Biopsy	118
6. SURGICAL AND MEDICAL TREATMENT OF RENAL HYPERTENSION	119
Excisional Renal Surgery	119
Reconstructive Reno-vascular Surgery	122
Accessory Artery Management	132
Renal Revascularization	133
Mannitol Therapy	136
Medical Management of Renal Hypertension	138
7. RESULTS OF SURGICAL TREATMENT	139
Results of Excisional Renal Surgery	139
Results of Reconstructive Reno-vascular Surgery	140
Results of Renal Transplantation	141
Postoperative Renal Function	141

CHAPTER	PAGE
8. PROGNOSIS AND LONG-TERM MANAGEMENT OF RENAL HYPERTENSION	143
Prognosis	143
Long-term Management	146
9. SUMMARY	151

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Renal Hypertension

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Foreword

HYPERTENSION of renal origin has been thought to exist from the time of Richard Bright, but it was not until 1934 that it became an important concept subject to active investigation. While there had been a number of attempts, more or less successful, to elicit hypertension by various manipulations of the kidneys, they lacked conviction; they failed to take hold. Goldblatt's clamp on the renal artery made the difference. I know, because I had tried other ways several years before.

Following Goldblatt's demonstration there followed a period of clinical chaos during which the kidneys were claimed to be the cause of essential hypertension. Another school of thought found them rarely the cause of any kind of hypertension. Urologists were removing kidneys with ill-concealed delight believing they had the touchstone to the alleviation of hypertension. Then a well-known physiologist, Homer Smith, said in effect this was all nonsense!

The mechanism of renal hypertension was confidently said to be ischemia, even though Corcoran and I could find no ischemia when hypertension was elicited by a thick hull around the parenchyma caused by wrapping the kidneys in cellophane. This odd method I had elaborated in an attempt to get rid of collateral circulation in the Goldblatt method. It did the latter but produced a fine hypertension on its own, without making the kidneys bloodless.

From about 1937 on, single case histories began appearing showing the occurrence of renal hypertension often from quite bizarre abnormalities. This began to take shape when Howard and his group took a more positive stand and suggested aortography and split function tests as diagnostic criteria. The rest is history in which so many capable people have participated I dare mention none by name.

Among these very capable people was Chester Winter who wrote this book. A urologist with more than a little interest in applying the findings of the laboratory to the clinic, he developed the radioisotope renogram as a reliable diagnostic method. This book speaks for itself, precisely as it should. I can only say that in my opinion it makes good sense and is reliable within the competence of one person and that is enough.

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The first part of the paper discusses the importance of the study and the objectives of the research. It also outlines the methodology used in the study and the results obtained. The second part of the paper discusses the implications of the study and the conclusions drawn from the research. It also discusses the limitations of the study and the areas for further research.

The study was conducted in a laboratory setting and the results were compared with those obtained in previous studies. The study found that the results were consistent with those obtained in previous studies and that the methodology used in the study was valid. The study also found that the results were consistent with those obtained in previous studies and that the methodology used in the study was valid. The study also found that the results were consistent with those obtained in previous studies and that the methodology used in the study was valid.

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Preface

HYPERTENSION due to correctable renal or renal artery (reno-vascular) disease has generated great interest among physicians in recent years, as witnessed by the large number of investigations and articles on the subject. It is the purpose of this book to present current information on the theories of etiology and the mechanisms, diagnosis, pathology, treatment and prognosis of renal hypertension, with emphasis on its correctable form. Certain historical aspects will be touched on and the incidence of the disease described. The modifying term "correctable" is used to indicate that the renal vascular or parenchymal defect is amenable to surgical correction, modification or ablation in order to effect a cure of hypertension in contrast to bilateral renal disease, such as glomerulonephritis or polycystic disease which are not remedial (see Table 1).

Many of the diagnostic measures and surgical methods of treatment are so new as to preclude complete and final evaluation at this time. Therefore, the critical interpretation of some procedures used in dealing with this disease will be left to the reader. It is hoped, however, that anyone interested in the subject will be able to find here a complete description of the principal aspects of the disease and a bibliography adequate for further study.

The term renal-vascular is used to include both renal disease and renal vessel disease in contrast to the designation reno-vascular which would mean only the latter.

My intense interest in renal hypertension stems from my experience in all phases of the disease, particularly in diagnostic and surgical procedures. This has led to my introduction of radioisotope renography, methods of performing divided renal function tests, evaluation of prediction of outcome of surgery and a critical appraisal of surgical results. The conduction of a weekly renal hypertensive conference in a university medical center has offered constant opportunity to analyze a wide variety of clinical material.

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Contents

PAGE

FOREWORD	3
PREFACE	5
ACKNOWLEDGMENTS	6
TITLES OF TABLES	10
SUBJECTS OF FIGURES	11

CHAPTER

1. THEORIES OF ETIOLOGY OF RENAL HYPERTENSION	15
2. MECHANISMS INVOLVED IN RENAL HYPERTENSION	17
Renin and Angiotensin as Precursor and Pressor Substances	17
Renoprival Hypertension	22
Pituitary and Adrenal Influences in Renal Hypertension	24
The VEM-VDM System	25
Monamine	25
Effect of Decreased Renal Blood Flow; the Goldblatt Experiment	25
Factor of Alteration in Renal Artery Pulse	28
Juxtaglomerular Apparatus	29
Carotid Sinus and Baroreceptors	32
Changes in Tubular Reabsorption Pattern of Affected Kidney	32
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Obstructive Uropathy and Clinical Hypertension	36
Ptosis and Clinical Hypertension	37
Summary	37
3. INCIDENCE OF RENAL HYPERTENSION	38
4. PATHOLOGIC LESIONS RESPONSIBLE FOR RENAL HYPERTENSION	40
Renal Parenchymal Lesions	40
Reno-vascular Lesions	45
Atherosclerosis	45
Mural Hyperplasia	48
Aneurysms	55
Other Reno-vascular Lesions	56
Perirenal Lesions	58

8 Contents

CHAPTER	PAGE
5. METHODS OF DIAGNOSING RENAL HYPERTENSION	59
Definition of Hypertension	59
History of the Hypertensive Patient	60
Symptomatology in Renal Hypertension	61
General Physical Examination	61
Urine Analysis	63
Roentgenography	64
Blood Analysis	64
Additional Special Tests	66
Screening Tests for Renal Hypertension	67
Radioisotope Renography	67
Excretory Urography	81
Retrograde Renal Studies	91
Author's Method of Performing Individual Renal Tests	91
Howard 1953 Method	94
Birchall Method	94
Rapoport T.R.F.R. Method	95
Stamey Method	95
Howard-Connor 1962 Method	96
Isotope, PSP, and Indigo Carmine Excretion Tests	97
Complications of Retrograde Renal Function Tests	99
Renal Arteriography	99
Indications for Renal Arteriography	100
Translumbar, Transfemoral and other Vascular Routes	101
Complications of Aortography	115
Ancillary Studies	116
Ganglionic Blockade	116
Renal Scintiscan	116
Rh ⁸⁶ Test	117
Renal Biopsy	118
6. SURGICAL AND MEDICAL TREATMENT OF RENAL HYPERTENSION	119
Excisional Renal Surgery	119
Reconstructive Reno-vascular Surgery	122
Accessory Artery Management	132
Renal Revascularization	133
Mannitol Therapy	136
Medical Management of Renal Hypertension	138
7. RESULTS OF SURGICAL TREATMENT	139
Results of Excisional Renal Surgery	139
Results of Reconstructive Reno-vascular Surgery	140
Results of Renal Transplantation	141
Postoperative Renal Function	141

CHAPTER	PAGE
8. PROGNOSIS AND LONG-TERM MANAGEMENT OF RENAL HYPERTENSION	143
Prognosis	143
Long-term Management	146
9. SUMMARY	151

Titles of Tables

TABLE	PAGE
1. Classification of Renal Lesions Capable of Producing Hypertension . .	40
2. Average Normal Blood Pressures	59
3. Divided Renal Function Test Results	93
4. Factors in Considering Choice of Operation in Renal Hypertension . .	122
5. Prognostic Factors in Renal Hypertension	143
6. Prognostic Influence of Age	144
7. Prognostic Influence of Duration of Hypertension	144
8. Prognostic Influence of Comparative Individual Renal Function Tests .	144
9. Prognostic Influence of Comparative Individual Renal Urine Volumes .	144
10a. Prognostic Influence of Blood Chemistry	144
10b. Normal Values of Serum Creatinine	145
11. Prognostic Influence of Comparative Individual Radioisotope Renograms	145
12. Prognostic Influence of Aortography	145
13. Prognostic Influence of Excretory Urography	146
14. Results of Point System Applied to Patients Cured of Hypertension . .	147
15. Results of Point System Applied to Patients Not Cured of Hypertension	148
16. Examples of Point System Used in Predicting Outcome of Surgery for Renal Hypertension	149

Subjects of Figures

FIGURE

PAGE

1. Scheme of renin action	18
2. Structural formulae of renin substrate, angiotensin I and angiotensin II	19
3. Juxtaglomerular apparatus	30
4. Hypergranularity of juxtaglomerular apparatus	30
5. Howard 1953 Test	32
6. Birchall Test	33
7. Rapoport 1960 Test	33
8. Schlegel Test	34
9. Stamey Test	35
10. Aortogram of segmental pyelonephritis	41
11. Nephrogram stage of aortogram of segmental pyelonephritis	41
12. Excretory urogram of renal tumor	42
13. Retrograde pyelogram of unilateral pyelonephritis	42
14. Microscopic view of chronic pyelonephritis	43
15. Types of renal trauma	44
16. Sketch of three types of renal artery lesions	45
17. Aortogram of bilateral renal artery stenosis due to atherosclerosis	46
18. Aortogram of unilateral renal artery stenosis due to atherosclerosis	47
19. Microscopic cross section of organized and recanalized renal artery thrombus	48
20. Microscopic cross section of fresh thrombus occluding renal artery	49
21A. Aortogram of renal artery stenosis due to mural hyperplasia	49
21B. Cross section of mural hyperplasia of renal artery	49
22A. Renogram of unilateral renal artery stenosis	50
22B. Postoperative renogram after surgical correction of renal artery stenosis	50
23. Microscopic cross section of intimal fibrosis of renal artery	51
24A. Microscopic cross section of fibromuscular hyperplasia of renal artery	52
24B. Microscopic cross section of transmural fibrosis with microaneurysms	52
25. Microscopic cross section of subadventitial fibrosis	52
26. Aortogram of aneurysm of renal artery	53
27. Aortogram of bilateral aneurysm of renal arteries	54
28. Excretory urogram of renal artery angioma	54
29. Aortogram of renal artery angioma	55
30. Gross specimen of renal artery angioma	57
31. Aortogram of external compression of renal artery	57
32. Aortogram of arterio-venous fistula of renal vessels	62
33. Arteriophonogram of renal artery bruit	62
34. View of angiotensin bioassay laboratory	65
35. View of strip of rabbit's aorta used in bioassay of angiotensin II	65
36. Example of positive Regitine test	66
37. Example of positive cold pressor test	67
38. Example of positive TEAC test	68
39. View of renogram test being performed with patient in the upright position	69
40. View of the renogram test being performed with patient in the supine position	69

12 Correctable Renal Hypertension

FIGURE

PAGE

41. View of scintillation probes used for renography in the supine position	70
42. View of the upright child having radioisotope renogram	70
43. Example of the normal renogram	71
44. Example of the renogram of decreased renal function	72
45. Example of the renogram of a nonfunctioning kidney	73
46. The blood clearance curve of radioisotope renography	74
47. View of child having renogram in prone position	75
48. Example of equivocally normal renogram	76
49. Example of renogram of unilateral chronic pyelonephritis	77
50. Example of renogram of unilateral renal artery stenosis	78
51. Example of renogram of unilateral ureteral obstruction	78
52. Example of renograms during various states of patient hydration	79
53. Experimental renograms showing various stages of compromise in the renal artery blood flow	79
54. The renogram of a dog with unilateral partial occlusion of the renal artery	80
55. A view of the body-kidney phantom used to test radioisotope renography	81
56. Example of normal excretory urogram	82
57. A method for making renal measurements from urography	83
58. An example of a falsely normal early excretory urogram with unilateral renal artery stenosis	84
59. An example of a falsely normal late excretory urogram with unilateral renal artery stenosis	85
60. An aortogram showing a right renal artery stenosis in a patient with a falsely negative urogram.	86
61. An example of a falsely normal excretory urogram with bilateral renal stenosis	87
62. An aortogram of bilateral renal artery stenosis	87
63. An excretory urogram positive for unilaterally delayed function	88
64. A delayed excretory urogram positive for unilateral renal disease.	88
65. An aortogram showing unilateral renal stenosis and good filling of the terminal branches of the renal arteries	89
66. A nephrogram obtained at the conclusion of an aortogram	89
67. A positive excretory urogram for renal artery stenosis	90
68. The positioning of the ureteral catheters for divided kidney studies.	91
69. A method for collecting urine for divided renal function studies	92
70. Howard-Connor 1962 Test	96
71. Equipment used for radioisotope renal excretion test	98
72. Formula for computing radioisotope renal excretion test result	98
73. A transfemoral catheter in place for aortography	100
74. Aortogram showing complete occlusion of one renal artery	101
75. Nephrogram stage of aortogram showing complete occlusion of one renal artery	101
76. Translumbar aortogram showing incomplete visualization of the renal arteries	102
77. Translumbar aortogram showing incomplete visualization of renal arteries	102
78. Translumbar aortogram showing value of serial films.	103
79. Translumbar aortogram showing value of serial films.	103
80. Translumbar aortogram showing poorly an early branching of the renal artery	104
81. A translumbar aortogram with an oblique view showing clearly an early branching of the renal artery.	104
82. Excretory urogram of unilateral hydronephrosis	105

FIGURE	PAGE
83. Renogram of patient in upright position showing unilateral delay in excretion	106
84. Renogram of patient in prone position having unilateral intermittent delay in excretion	107
85. Preliminary film in translumbar aortography showing position of needle	108
86. Translumbar aortogram showing good needle position and early visualization of renal artery and accessory vessel	108
87. Translumbar aortogram showing a mid-stage of renal artery visualization	109
88. Nephrogram stage of aortogram of patient having unilateral hydro-nephrosis	109
89. Translumbar aortogram performed with the patient in the upright position	110
90. Renogram obtained after surgical correction of ureteral obstruction	111
91. Renogram obtained after surgical correction of ureteral obstruction	112
92. Excretory urogram obtained with the patient in the upright position after correction of ureteral obstruction	112
93. Transfemoral aortogram showing visualization of main renal arteries	113
94. Transfemoral aortogram showing visualization of accessory renal artery	113
95. Renal scintiscan showing mass lesion of pole of one kidney	117
96. Excretory urogram showing poor visualization of kidney with unilateral chronic pyelonephritis	119
97. Retrograde pyelogram of unilateral chronic pyelonephritis	120
98. Translumbar aortogram of unilateral chronic pyelonephritis	120
99. Radioisotope renogram of unilateral chronic pyelonephritis	121
100. Sketch of renal artery stenosis and correction by endarterectomy or patch graft	123
101. Aortogram of renal artery stenosis due to atherosclerosis	123
102. Aortogram after endarterectomy for unilateral renal artery stenosis due to atherosclerosis	124
103. Sketch of left renal endarterectomy	124
104. Sketch showing bypass graft for unilateral renal artery stenosis	125
105. Sketch showing spleno-renal anastomosis for bypassing unilateral renal artery stenosis	125
106. Sketch showing graft replacement of unilateral renal artery stenosis	126
107. Sketch showing bypass synthetic graft for bilateral renal artery stenosis	126
108. Renogram series of patient with solitary kidney and renal artery occlusion before and after surgical correction	127
109. Sketch showing surgical exposure of the ostium of the right renal artery	128
110. Sketch showing performance and results of renal arterio-aortic pressure gradient	129
111. Equipment used for surgical renography	130
112. Scintillation probe in wound during surgical renography	131
113. View of segmental surgical renography	132
114. Example of pre- and postoperative surgical renography	133
115. Example of normal renogram obtained by surgical renography	134
116. Cross-section view of kidney and ileal loop used for renal revascularization	134
117. Side view of ileac revascularization of kidney	135
118. Cross-section view of intestinal flow pattern after ileac revascularization	135
119. Excretory urogram of patient with unilaterally compromised blood flow	136
120. Renogram of unilateral deficiency of renal artery blood flow	137
121. Divided renal function tests before and after revascularization of ischemic kidney	137