

3<sup>rd</sup> World Congress on  
Cardiology

&

16<sup>th</sup> International Conference on  
Nutrition and Fitness

October 29-30, 2018 | London, UK

**Validity of Renal Denervation for the treatment of resistant hypertension. Experience in Honduras**

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Approximately 25% of the adult population of the industrialized countries suffers from arterial hypertension. Within this population there is a subgroup that despite an optimal treatment that includes 3 or more classes of drugs at maximum dose persists with high blood pressure figures both in the office and in the 24-hour monitoring. (AMBIP). This is a population that represents 4-5% and has a very high risk of complications and cardiovascular, renal and cerebrovascular comorbidities with high mortality. Hence the importance of its detection and control in specialized units of HTA.

From the physiopathological point of view there are subtypes of resistant hypertension where sympathetic hyperactivity plays a central role. Hence the advent of non-pharmacological co-adjuvant therapies that aim to decrease renal sympathetic activity. The most studied and most experienced clinical method is Kidney Sympathetic Denervation with radiofrequency catheter. There are several designs on the market. Despite the good

results in the first studies: SYMPLICITY-HTN I and SYMPLICITY-HTN II. There was a slowdown in the use of this treatment as a result of the disappointing results of SYMPLICITY-HTN III.

In this review we make a critical analysis of the SYMPLICITY-HTN III study and review the latest evidence demonstrating the current validity of the method in this specific subgroup of true hypertensive resistant patients, the importance of adequate selection and operator experience. We also show the results of the local experience where we observed a high percentage of responders in relation to the technique used, since from the first cases we used an off-label technique where a greater number of applications are made on average 8 per artery and in Secondary branches smaller than 4 mm. In perspective we analyze the results with multipolar devices of more recent design, their advantages and impact on the results.

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