

## Accessory Renal Artery Stenosis A Cause for Drug Refractory Hypertension



78 y.o AAF, with long standing HTN ( for more than 30yrs), obesity (BMI higher than 35), hypercholesterolemia, peripheral vascular disease, aortic sclerosis, chronic renal insufficiency (GFR 35-40 cc/min/m<sup>2</sup>), and a history of chewing tobacco presented to the Internal Medicine clinic with uncontrolled HTN and deterioration of renal function over a 12 months period.

Despite aggressive medical therapy and modification of lifestyle factors there was no improvement in her kidney function and blood pressure control.

### Laboratory results

- decreased GFR: 35 to 25 ml/min/1.73 m<sup>2</sup>
- increased Cr: 1.6 to 2.4 mg/dL
- kidney U/S: normal

### Medication

Lisinopril 40 mg daily	Norvasc 10 mg daily	Furosemide 80 mg bid
Doxazosin 8 mg daily	Clonidine 0.3 mg po tid	Atorvastatin 80 mg daily
Ezetimibe 10 mg daily		

### Physical examination

Well appearing and in no distress. Fundoscopy showed increased arteriolar brightness with no papilledema. No carotid bruits were appreciated. Heart auscultation revealed S4 with soft 2/6 systolic murmur (previously documented). Chest showed normal respiratory sounds with no crackles. Abdominal exam was benign. No bruits appreciated. Peripheral pulses were decreased in both lower extremities.

- **What is the most possible diagnosis?**
- **What tests would you order?**
- **What treatment would you start for this patient?**
- **What do you think is the final diagnosis?**
- **What did you learn from this case?**