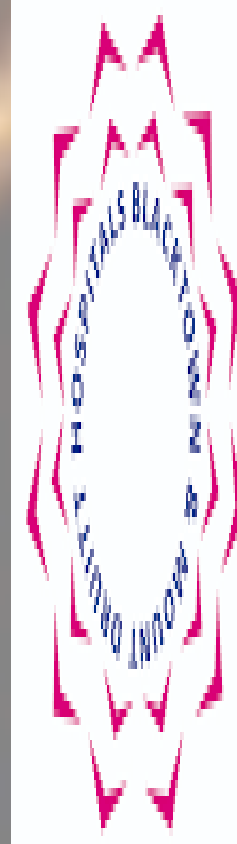




Health
Western Sydney
Local Health District

Hypertension in pregnancy secondary to fibromuscular dysplasia of renal arteries

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Abstract

Renovascular hypertension (HT) due to an renal artery stenosis (RAS) is uncommon. Therefore, it is actually very rare to diagnose RAS during a pregnancy; very few cases have been published. We present the case of a lady who had resistant hypertension secondary to FMD of renal arteries and requiring multidrug therapy, Early diagnosis and effective multidisciplinary involvement resulted in a successful pregnancy

Case

41-year-old para 4 presented to the emergency department with resistant hypertension. She had a history of hypertension diagnosed 1 year ago and had been on ACE inhibitors and spironolactone. The pregnancy was unplanned and diagnosed at 14 weeks, during admission for evaluation of severe hypertension. She was diagnosed to have fibromuscular dysplasia of the renal arteries on CT angiogram, 1 year prior to this pregnancy. Her medications were changed to labetalol, methyldopa and nifedipine. USS revealed normal morphology. She was managed by a multidisciplinary team involving renal team. Her pregnancy progressed well with the blood pressure remaining stable on three medications, without any proteinuria. She had a spontaneous normal vaginal birth of a 3 kg at 39 weeks. During the postpartum period medications were continued and she is planned to undergo balloon angioplasty of renal artery a month later.

Discussion

Secondary causes of hypertension, especially fibromuscular dysplasia of renal arteries should be ruled out in young females with resistant hypertension. Women diagnosed with this condition should be closely followed up and counselled regarding the effects of antihypertensive medications in pregnancy and the complications of chronic hypertension in pregnancy

Background

Chronic hypertension is present in 3 to 5% of pregnancies. Most cases of resistant hypertension requiring multidrug therapy is due to secondary hypertension. Renal artery stenosis is one of the causes of secondary hypertension that needs to be excluded in persons with resistant hypertension, FMD is more common than atherosclerosis as the cause of renal artery stenosis in young women, especially who are non-obese and without a family history of hypertension

Conclusion

Identifying underlying causes of hypertension and multidisciplinary management with the right medications can lead to successful outcomes

References

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