

ASSESSMENT OF RENAL VASCULAR BLOOD FLOW IN PATIENTS WITH ARTERIAL HYPERTENSION BY ULTRASOUND DOPPLEROGRAPHY

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Annotation: *Ultrasound examination of the kidneys by the method of Doppler ultrasonography of the renal arteries is necessary for patients with high blood pressure in order to detect arterial hypertension. Purpose of the study. To study the state of the kidneys and renal blood flow in patients with arterial hypertension. 50 patients with arterial hypertension were examined. The criteria for the diagnosis of arterial hypertension were considered pressure 140/90 mm Hg. Art. and more. Conclusions. An early echographic criterion of kidney damage in patients with arterial hypertension is an increase in linear blood flow and intra-renal vascular resistance in combination with an increased glomerular filtration rate.*

Keywords: *arterial hypertension, kidney, renal blood flow, Dopplerultrasonography.*

Relevance of the study. Currently, with the increase in the incidence of arterial hypertension, the search for algorithms for diagnostic methods of examination is expanding, and this problem still remains relevant. One of the methods of studying the circulatory organs and in particular renal circulation is Dopplerography. This relatively new method has not yet found a worthy place in urological medical institutions, only in recent years it has taken a strong position in cardiology, obstetrics and gynecology, vascular surgery and transplantology [1,2].

Ultrasound Dopplerography is an important addition to ultrasound examination of the kidneys. With the help of ultrasound Dopplerography, it is possible to detect renal artery stenosis, as a result of which doctors no longer need to resort to a streamlined diagnosis of "vascular atrophy of the kidney". Dopplerography can detect pathological conditions even before they lead to structural tissue changes.

The characteristics of this method, namely its accuracy (92%), sensitivity and specificity (100%) make it possible to use it as the main non-invasive method for diagnosing and monitoring rejection of a transplanted kidney, occlusion of renal graft vessels, and make it possible to refuse angiographic examination to confirm the diagnosis [7]. To properly assess the functional state of the kidneys, it is necessary to have data on the state of renal circulation [8]. Dopplerography provides unique information about the vascular architectonics and circulatory features of the kidney affected by any pathological process, as well as in the contralateral kidney, which will have to ensure the vital activity of the body in the case of nephrectomy. Dopplerography can noninvasively assess renal perfusion, establish the degree of preservation of blood flow to ensure the functioning of the renal parenchyma by directly measuring the blood flow rate and the amount of resistance in the renal vessels [3].

Dopplerography provides additional information to the information obtained during ultrasound examination, allows for more accurate selection of patients for referral to specialized inpatient departments. Dopplerography makes it possible to make a differential diagnosis between vasorenal neurogenic arterial

hypertension and parenchymal form of neurogenic hypertension. The issues related to the timely detection of the severe course of arterial hypertension syndrome in renal patients, determining the prognosis of the disease, are relevant, because determines the management tactics of patients and can help reduce the risk of cardiovascular and renal complications. In this regard, it seems appropriate to study the state of the kidneys and vascular blood flow in patients with arterial hypertension using Dopplerography.

The improvement of methodological approaches and medical diagnostic systems has led in recent years to significant success in solving one of the main problems of modern cardiology and angiography - differential diagnosis of arterial hypertension. [5,6,10].

The importance of information about the hemodynamic parameters of the kidney is obvious if we consider that 20% of the blood ejected by the heart flows through the kidneys, whose mass is approximately 0.5% of the body weight, and the renal blood flow is 400 ml per 100 g of tissue per minute (Brenner et al.). To properly assess the functional state of the kidneys, it is necessary to have data on the state of renal circulation [4].

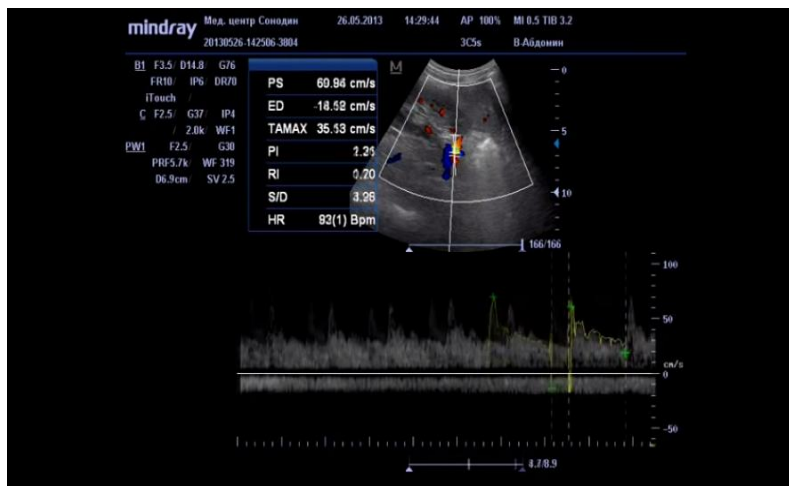
The first successful attempt to use the Doppler method in the study of blood flow was made by S. Satamura [12]. In 2010, the ultrasound device described in [9] made it possible to indirectly determine the state of blood flow in the arteries and veins by recording the noise that occurs when blood passes through the vessel. The first report on the practical application of the Doppler echographic Flow meter to assess blood flow in the kidneys belongs to [11].

Material and methods of research. 70 patients with arterial hypertension were examined. There were 46 men (66%) and 24 women (34%), the average age of the subjects was 48.7 ± 1.2 years. The average duration of the disease was 7.3 ± 0.52 years. The criteria for the diagnosis of arterial hypertension were considered to be a pressure of 140/90 mm Hg and more. Depending on the degree of arterial hypertension, the patients were divided into: grade I (140/90-159/99 mmHg) - 46 patients and grade II (160/100-179/99 mmHg) - 24 patients. An ultrasound device MINDRAY DC-7 (China) was used to examine the kidneys. Longitudinal and transverse scanning was performed in real-time mode with 3.5 MHz contextual sensors, in B-mode and in the mode of color mapping of blood flow and Dopplerography of renal vessels. The length, width, and thickness of both kidneys were determined in all patients. Then the volume of the kidneys was calculated according to the form proposed by Hricak H., $V = 0.523ABC$, where V is the volume of the kidney; A is the length; B is the width and C is the thickness of the kidney, and the total volume of the kidneys was calculated. The main and interrenal (segmental) renal arteries were examined.

Research results. The study of the main renal vessels was carried out in order to exclude their pathology (stenosis, abnormalities, etc.). When quantifying hemodynamic parameters, the following indicators were adhered to: maximum velocity (Vmax); minimum velocity (Vmin); average velocity (Vmed); pulsation index (Pi); resistivity index (Ri). The following values of hemodynamic parameters were obtained during ultrasound examination:

In the area of the mouth, the peak systolic velocity fluctuated in the right renal artery from 80.0 cm/s to 95.0 cm/s, with an average value of 86.0 cm/s. In the left renal artery, the peak systolic blood flow rate varied from 79.0 to 93.0 cm/s, with an average value of 84.0 cm/s. The final diastolic blood flow rate ranged in the right and left renal arteries from 26.0 to 29.0 cm/s, from 25.0 to 29.5 cm/s and an average of 27.5 and 27 cm/s, respectively.

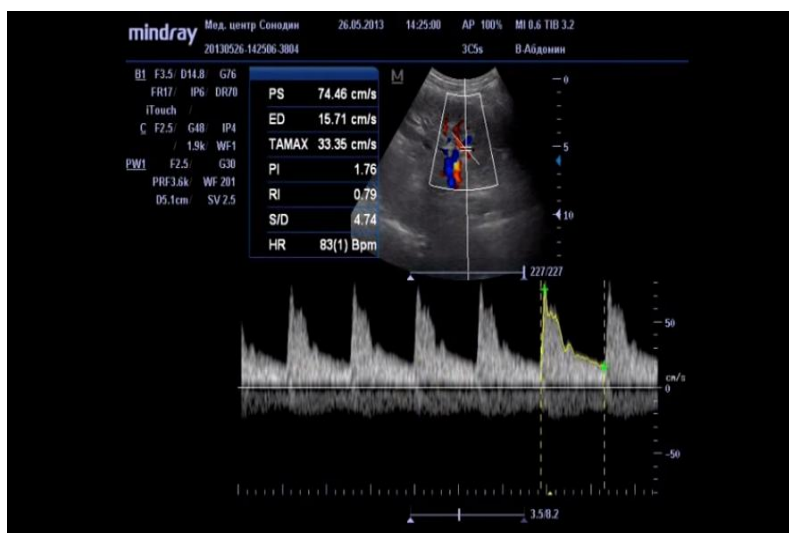
The resistance index ranged in the right renal artery from 0.63 to 0.69 with an average value of 0.66, in the left artery from 0.64 to 0.7 with an average value of 0.67. In the right renal artery, the pulsation index varied from 0.88 to 1.0, in the left artery from 0.86 to 0.98 and an average value of 0.97 - 0.95, respectively.



Picture 1. Echodopplerogram is normal. The renal artery.
(IR - 0.62; GTI - 1.03 $p < 0.05$)

In the distal region of the main trunk, the peak systolic velocity in the right renal artery ranged from 81.0 cm/s to 94.0 cm/s, with an average value of 87.8 cm/s. In the left renal artery, the peak systolic blood flow rate varied from 75.0 to 91.0 cm/s with an average value of 84.0 cm/s. The final diastolic blood flow rate ranged in the right and left renal arteries from 26.4 to 28.5 cm/s and from 24.5 to 28.0 cm/s and an average of 27.2 and 26.1 cm/s. accordingly. The resistance index ranged in the right renal artery from 0.65 to 0.73 with an average value of 0.68 in the left artery from 0.66 to 0.7 with an average value of 0.67. In the right renal artery, the pulsation index varied from 0.89 to 1.0, in the left artery from 0.82 to 0.1 and an average value of 0.96 - 0.93, respectively.

In the obtained data in the area of segmental arteries, the peak systolic velocity fluctuated in the right renal artery from 60.3 cm/s to 70.1 cm/s. with an average value of 65.5 cm/s. In the left renal artery, the peak systolic blood flow rate varied from 50.0 to 66.0 cm/s with an average value of 60.4 cm/s. The final diastolic blood flow rate ranged in the right and left renal arteries from 18.0 to 22.0 cm/s and from 19.0 to 26.0 cm/s and an average of 21.0 and 23.0 cm/s. accordingly.



Picture 2. Echodopplerogram is normal. Segmental artery.
(IR - 0.63; PI - 1.09 $p < 0.05$)

The resistance index ranged in the right renal artery from 0.62 to 0.64 with an average value of 0.63 in the left artery from 0.61 to 0.65 with an average value of 0.66 g. In the right renal artery, the pulsation index varied from 0.9 to 1.1. In the left artery, from 0.83 to 1.09 and an average value of 0.95 - 0.9, respectively.

Conclusion. Early echographic criteria for kidney damage in patients with arterial hypertension are an increase in linear blood flow and intra-renal vascular resistance in combination with an increased glomerular filtration rate.

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