Hypertension in Chronic Renal Failure

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Dear Sir,

References

At present the progression of chronic renal failure is an intriguing matter [1]. One of the topics being debated is whether lowering the blood pressure (BP) reduces the progression of chronic renal failure; however, whether a lowered BP is the cause or the effect of a reduced progression is still a problem to be solved [1–5]. Here we report an anecdotal case of a bad control of BP for 8 years with an unchanged or even ameliorated renal function. This female patient, aged 55, was discharged from our unit in January 1982, with a diagnosis of chronic pyelonephritis and two 9-cm kidneys, a 150/100 mm Hg BP and a creatinine of 180 μ mol. At the end of the year the BP was 220/120 mm Hg. From 1982 to 1990, with two checkups a year, only in 1984 was BP under control (150/90 mm Hg). Both in 1983 and in 1985 BP was 170/100 mm Hg. Since 1986 BP is between 200/100 and 220/130 mm Hg. In March 1990, at an office checkup, BP was 280/170 mm Hg and the patient was admitted for reevaluation. In 1982, at discharge, the therapy was oxprenolol alone and immediately afterwards clonidine, prazosin and furosemide were added; in 1988 enalapril was also added at a dosage of 30 mg/day. At the current admission creatinine rate was 175 μ mol, the fundoscopy showed a KW grade III retinopathy and the patient is in good clinical condition.

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