Comprehensive Assessment of Human Accessory Renal Artery Peri-Arterial Renal Sympathetic Nerve Distribution

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Disclosure Statement of Financial Interest

I, [Yu Sato] DO NOT have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

Background

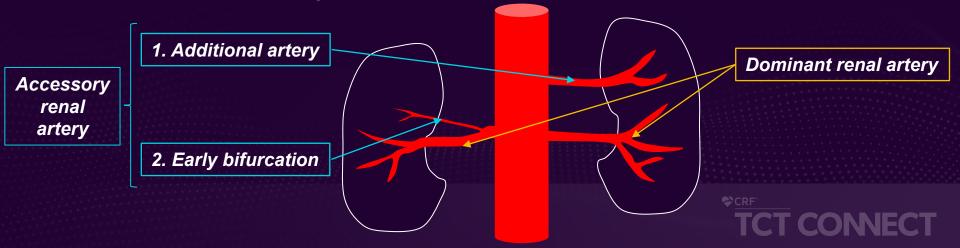
- ✓ Accessory renal arteries (ARA) have been reported about 30% of patients.
- ✓ Some renal denervation (RDN) clinical trials excluded patients with ARAs, while others included such patients but excluded those with ARAs less than 3 or 4 mm in diameter.
- ✓ Some studies have suggested that RDN for ARAs may have an additional advantage of blood pressure reduction¹⁻³.
- ▼ The aim of this study was to evaluate the anatomic distribution of peri-arterial nerves in human ARAs.

- 1. Zhao XY et al. Genet Mol Res 2015.
- 2. Id D et al. JACC Cardiovasc Interv 2013.
- 3. De Jong MR et al. Hypertension 2016.
- 4. VonAchen P et al. Cardiovasc Rev Med 2016.



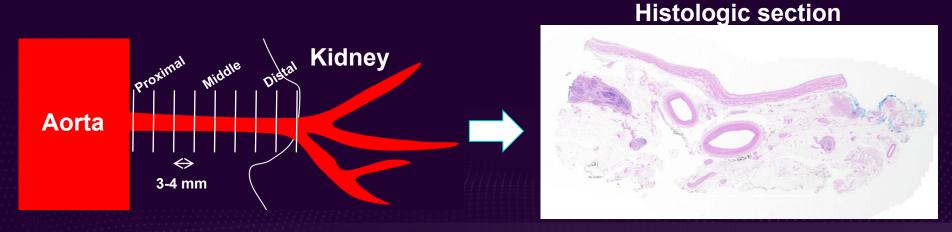
Methods: definition of renal arteries

- ✓ Accessory renal artery (ARA) was defined as follows:
 - 1. An artery that arose from the aorta above or below the main renal artery (additional artery)
 - 2. A renal artery that bifurcated within 20 mm of the take-off of the main renal artery (early bifurcation)
- **✓ Dominant renal artery (DRA)** was defined as an artery that perfused >50% of the kidney.



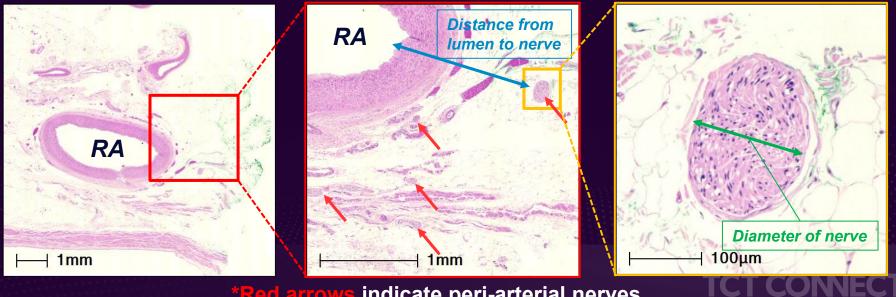
Methods: pathologic procedures

- ✓ The gross observation and post-mortem angiography (limited cases) were performed in human autopsy subjects.
- ✓ Renal arteries were perfusion-fixed under physiologic pressure with 10% buffered formalin.



Methods: Morphometric assessment

- **✓** Number of nerves
- ✓ Distance from lumen to nerve
- ✓ Diameter of nerve

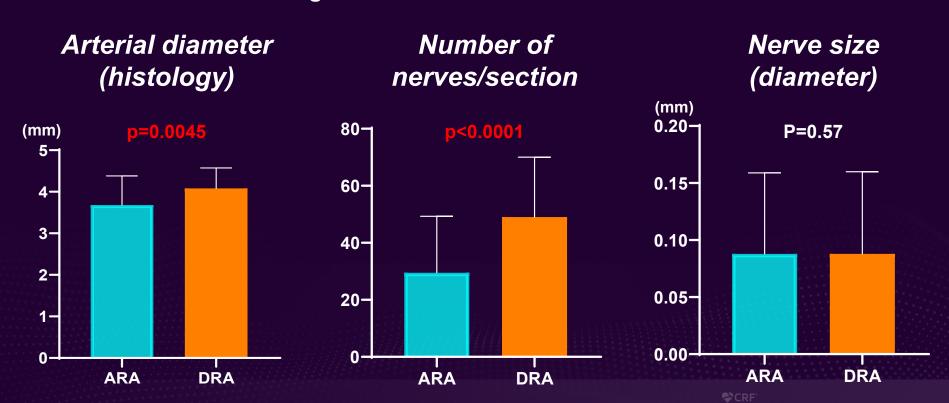


Results: Characteristics of enrolled cases and arteries

Case	N=8
Age, years	60.3 ± 14.0
Male, n (%)	6 (75)
Race (Caucasian, African American, Unknown), n (%)	6 (75) / 1 (12.5) / 1 (12.5)
Hypertension, n (%)	5 (62.5)
Sudden coronary death/non-coronary death, n (%)	5 (62.5)/ 3 (37.5)
Renal artery	N=23 (14 ARA and 9 DRA)
No. of ARA (additional/early bifurcation), n (%)	10 (71.4)/ 4 (28.6)
ARA in right/left, n (%)	6 (42.9)/ 8 (57.1)
ARA above/below the DRA	4 (28.6)/ 10 (71.4)
No. of DRA, n	9
DRA in right/left, n (%)	2 (28.9)/ 7 (77.8)
Median renal arterial diameter in histology, mm (IQR)	3.83 (3.24-4.43)

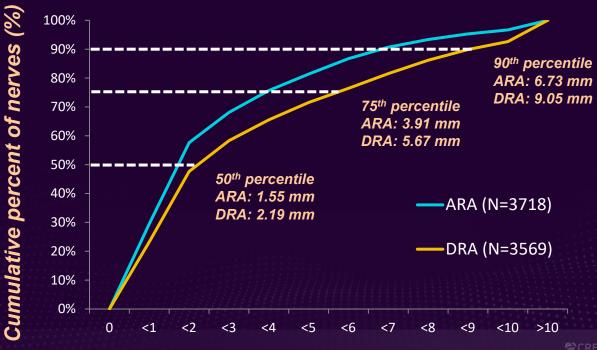
ARAs: smaller size and less nerves, but comparable size

Histologic evaluation results: ARAs vs. DRAs



Peri-arterial nerves in ARA is closer to the arterial lumen than DRA

Cumulative distribution of nerves at distance from the lumen in ARA and DRA



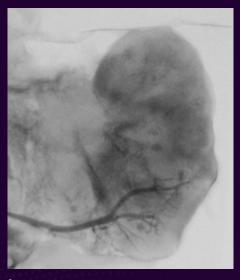
Distance from arterial lumen to nerve (mm)

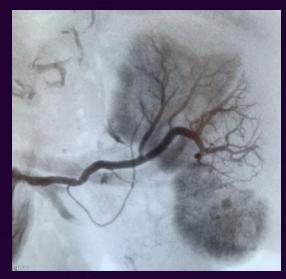


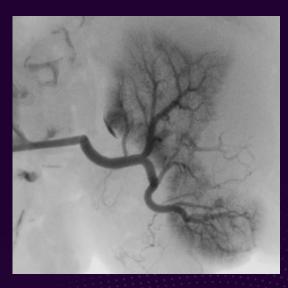
Post-mortem angiography based analysis

Small ARA <3 mm Large ARA ≥3 mm

DRA







Findings in angiography Arterial diameter

Perfused area

30 sections (N=4) 2.61 ± 0.14 mm 20.1 ± 5.4%

53 sections (N=6) 3.57 ± 0.61 mm 36.5 ± 7.5%

39 sections (N=5) 4.47 ± 0.63 mm 60.2 ± 4.0%

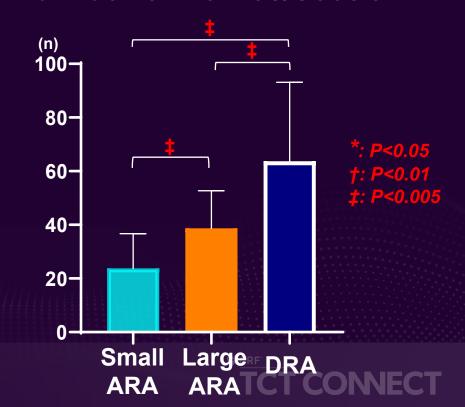
Greater number of nerves was seen in the larger artery

Post-mortem angiography based analysis

Diameter of arteries

(mm) 6-**Small** Large **DRA**

Number of nerves/section



Summary of the results

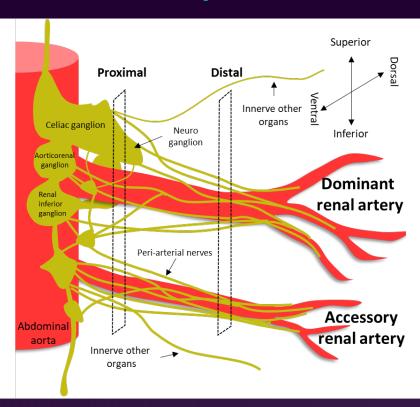
Accessory renal artery vs. Dominant renal artery

Renal artery

✓ Arterial diameter: ARA < DRA</p>

Peri-arterial nerves

- ✓ Number: ARA < DRA</p>
- ✓ Distance from lumen: ARA < DRA</p>
- ✓ Nerve Size: ARA = DRA



Conclusions

- ✓ ARAs have two-thirds the number of nerves as compared to DRAs.
- ✓ The number of nerves around the ARAs is depending on the size of renal arteries.
- ✓ Our results suggest that ablation of peri-arterial nerves in ARA should result in an additional blood pressure reduction.
- ✓ Future RDN clinical trials should consider including ablation of peri-arterial nerves in ARAs.