Renal Denervation for Sleep Apnea and Resistant Hypertension: Alternative or Complementary to Effective Continuous Positive Airway Pressure Treatment?

To the Editor:

We read with interest the well-written article by Witkowski et al1 evaluating the effect of renal denervation in sleep apnea (SA) patients with resistant hypertension. They concluded that renal denervation should be seen as an emerging therapeutic option in these patients, because they noticed a significant reduction in clinic blood pressure (BP) levels and SA severity.

The 2 morbidly obese patients of the cohort (ie, No. 1 and No. 3) were treated previously with continuous positive airway pressure (CPAP), although not for a long period of time (ie, for a few months). Although these 2 patients experienced severe obstructive SA, the effect of CPAP on clinic BP, in contrast with a few months). Although these 2 patients experienced severe pressure (CPAP), although not for a long period of time (ie, for a few months), was minimal. Because these 2 patients were treated previously with CPAP, we conclude that renosympathetic denervation may attenuate the potential white-coat phenomenon; at the same time this finding questions its impact on the overall hemodynamic load in resistant hypertension.

Over and above these concerns, the study by Witkowski et al1 provides novel insights in that difficult-to-treat group of patients with resistant hypertension and SA. However, attenuation of fluid retention by renal denervation in obese subjects with SA could be successfully accomplished by more simple therapeutic options, like lifestyle interventions. No lifestyle interventions were implemented, because body size remained almost the same after 6 months. We believe that lifestyle interventions should have a foremost place in the treatment of these patients and bariatric surgery should constitute another option, mostly neglected in the usual clinical practice.3

Disclosures

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