

Clinical features of fibromuscular dysplasia

<p>Patients to screen</p>	<p>Women age <50 with 1 of the following:</p> <ul style="list-style-type: none"> • Severe or resistant hypertension • Onset of hypertension before age 35 • Sudden increase in blood pressure from baseline • Increase in creatinine (≥ 0.5-1 mg/dL) after starting angiotensin-converting enzyme inhibitor or angiotensin receptor blocker & without significant effect on blood pressure • Systolic-diastolic epigastric bruit / Mandibular bruit
<p>Clinical presentation</p>	<ul style="list-style-type: none"> • Resistant hypertension from renal artery involvement • Cerebrovascular FMD with symptoms of brain ischemia (eg, amaurosis fugax, Horner's syndrome, transient ischemic attack, stroke) • Nonspecific symptoms (eg, headache, pulsatile tinnitus, dizziness) from carotid or vertebral artery involvement • Can also involve iliac, subclavian & visceral arteries
<p>Diagnosis & follow-up</p>	<ul style="list-style-type: none"> • Noninvasive testing preferred (eg, computed tomography angiography, duplex ultrasound) • Catheter-based digital subtraction arteriography for patients with inconclusive noninvasive testing • Medically treated patients need follow-up blood pressure & creatinine every 3-4 months & renal ultrasound every 6-12 months