



OSPEDALE SAN RAFFAELE

Hypertension and microvascular dysfunction

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End-organ Damage in Hypertension: Cardiac and Coronary Alterations

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graph TD; A[End-organ Damage in Hypertension: Cardiac and Coronary Alterations] --> B[Left ventricle]; A --> C[Coronary]; B --> D["• Interstitial fibrosis<br>• Cardiomyocyte hypertrophy<br>• Diastolic dysfunction<br>• Intramyocardial pressure"]; C --> E["• Endothelial dysfunction<br>• Capillary rarefaction<br>• Arteriolar remodelling<br>• Perivascular fibrosis"];
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Left ventricle

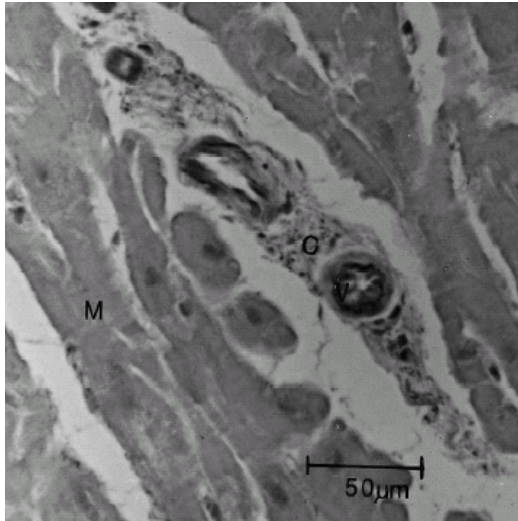
- Interstitial fibrosis
- Cardiomyocyte hypertrophy
- Diastolic dysfunction
- Intramyocardial pressure

Coronary

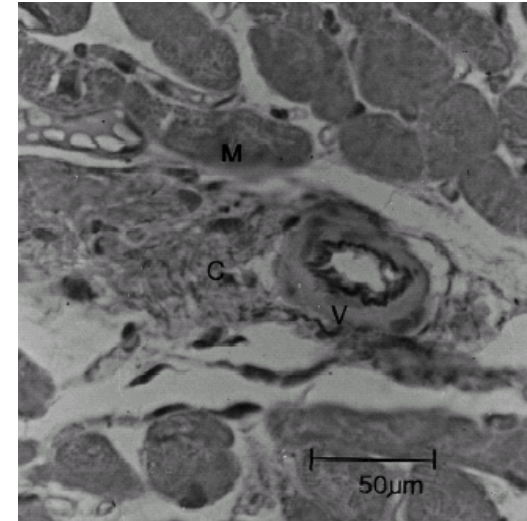
- Endothelial dysfunction
- Capillary rarefaction
- Arteriolar remodelling
- Perivascular fibrosis

Arteriolar remodelling in arterial hypertension

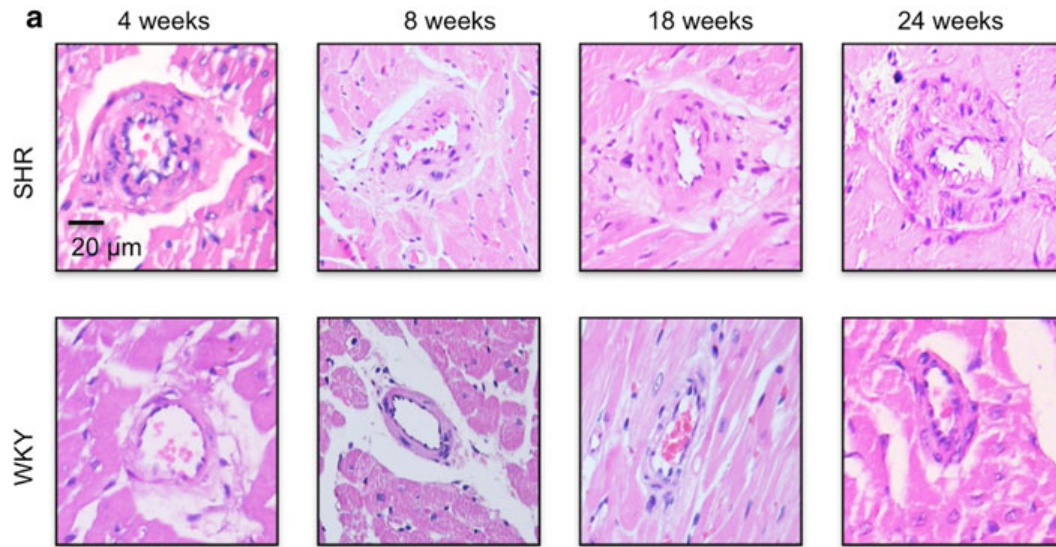
Normal subject



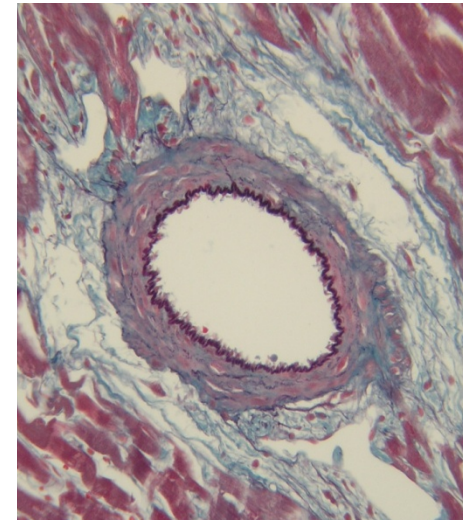
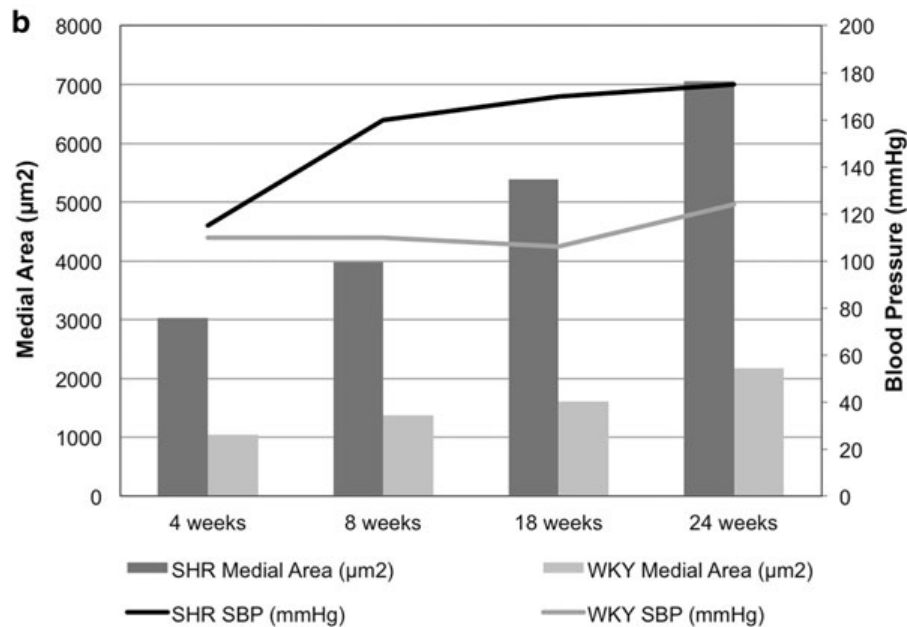
Hypertensive



- Increased perivascular fibrosis
- Thickening of the wall of intramyocardial arterioles
- Increased wall/lumen ratio
- Capillary rarefaction



Coronary arteriolar remodelling precedes onset of hypertension In the SHR model



Basic Res Cardiol (2013) 108:316
DOI 10.1007/s00395-012-0316-y

ORIGINAL CONTRIBUTION

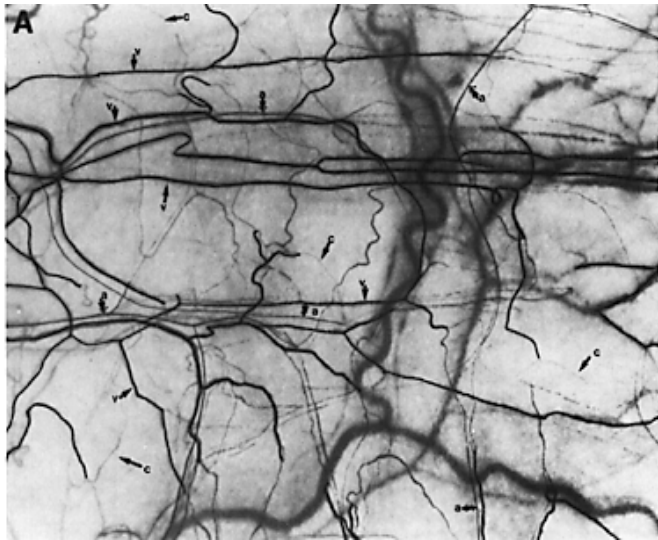
Mapping genetic determinants of coronary microvascular remodeling in the spontaneously hypertensive rat

Massimiliano Mancini · Enrico Petretto · Christina Kleinert · Angela Scavone · Tisham De · Stuart Cook · Jan Silhavy · Vaclav Zidek · Michal Pravenec · Giulia d'Amati · Paolo G. Camici

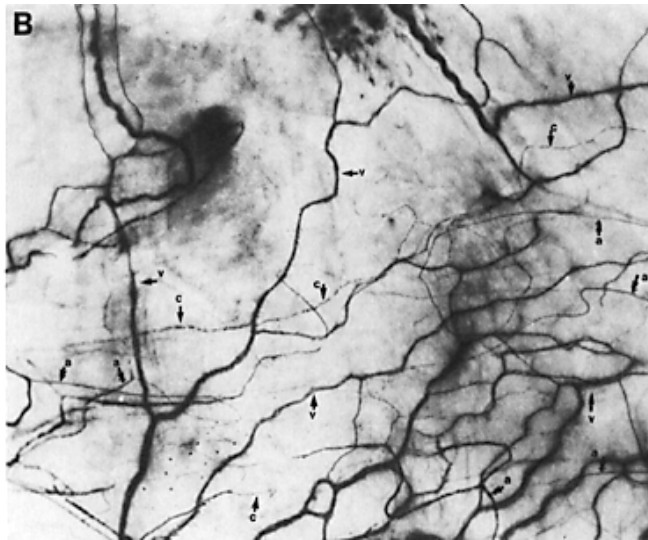
B. La microcirculation victime de l'HTA
Quels mécanismes ?

Raréfaction artériolocapillaire

Normotendus



Hypertendus



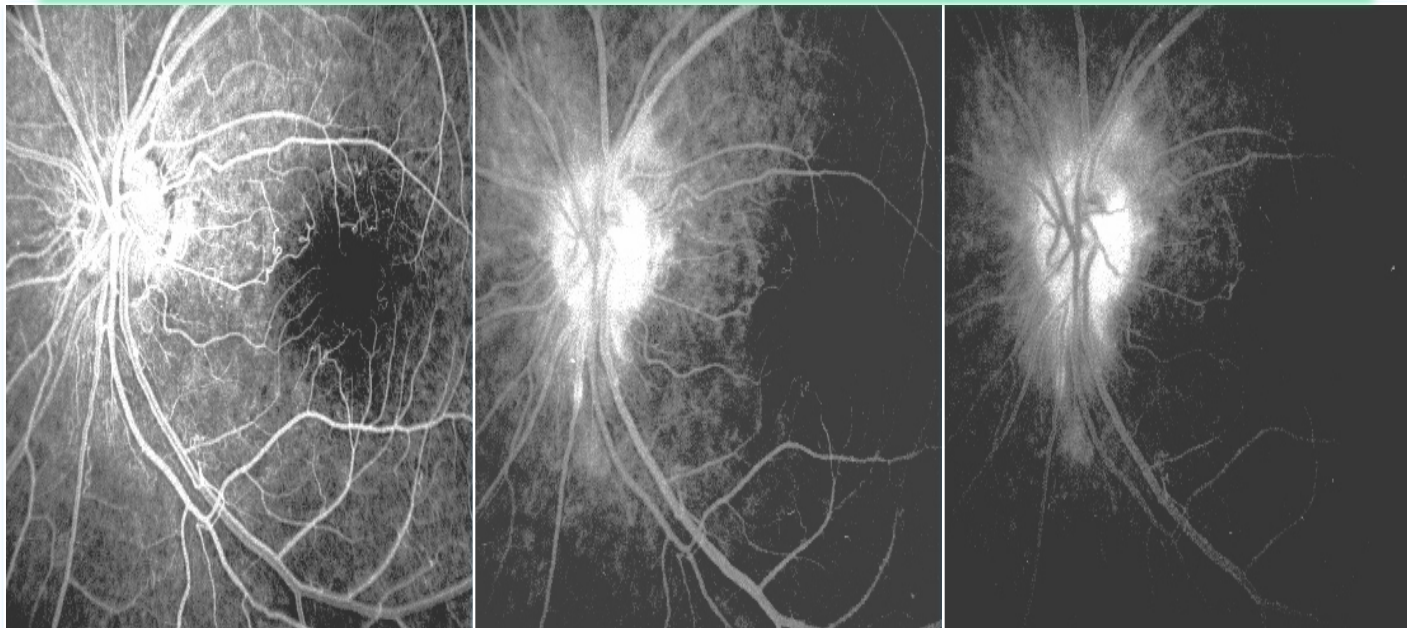
Raréfaction artériolocapillaire observée chez l'HT au niveau de l'avant bras

Sullivan J. *Hypertension*. 1993

B. La microcirculation victime de l'HTA conséquences pour l'hypertendu ?

2. Quelles

Rétinopathie hypertensive



Stade 1

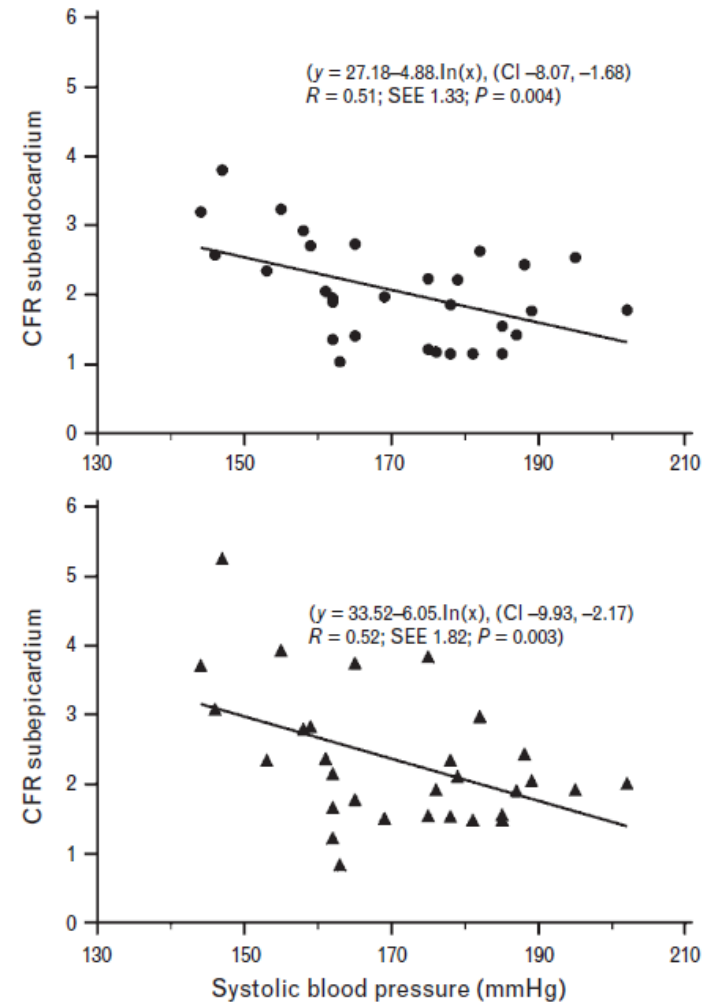
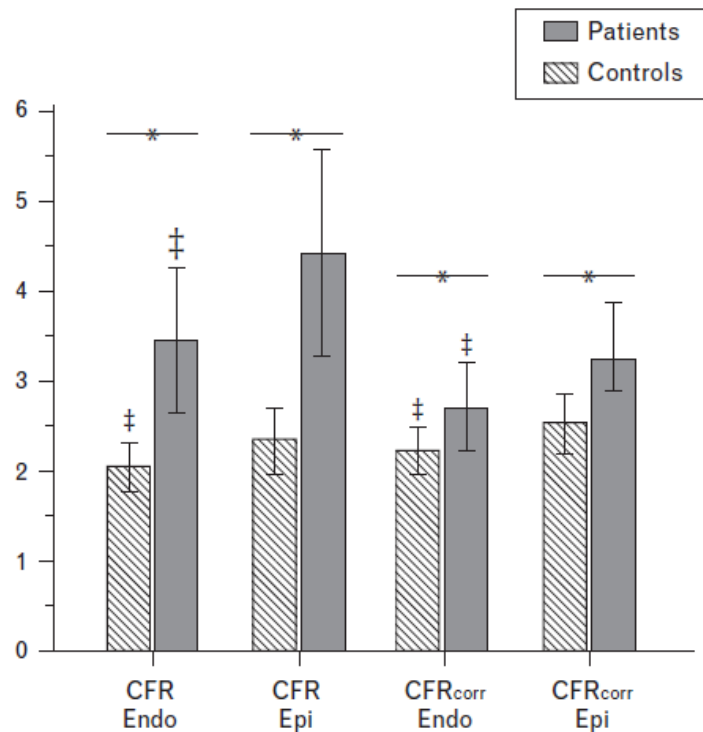
Stade 2

Stade 3

Raréfaction artériolocapillaire observée lors de la rétinopathie hypertensive

The blunting of coronary flow reserve in hypertension with left ventricular hypertrophy is transmural and correlates with systolic blood pressure

Ornella Rimoldi^{a,b,c}, Stuart D. Rosen^b, and Paolo G. Camici^{a,b,d}



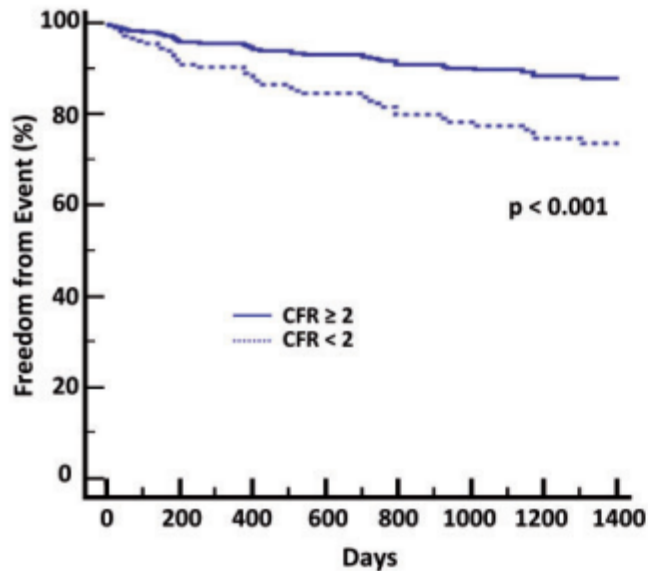


Coronary microvascular dysfunction and future risk of heart failure with preserved ejection fraction

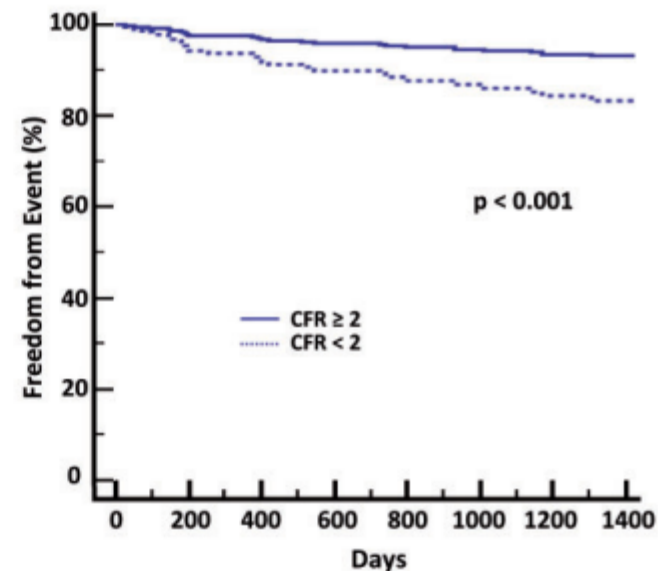
Viviany R. Taqueti^{1*}, Scott D. Solomon¹, Amil M. Shah¹, Akshay S. Desai², John D. Groarke², Michael T. Osborne³, Jon Hainer¹, Courtney F. Bibbo¹, Sharmila Dorbala¹, Ron Blankstein¹, and Marcelo F. Di Carli¹

Table 1 Baseline characteristics of patients by coronary flow reserve

Characteristics	Overall (N = 201)	Coronary flow reserve		P-value ^a
		≥2 (n = 93)	<2 (n = 108)	
Demographic characteristics				
Age, ^b years (Q1–Q3)	66 (57–79)	64 (57–75)	67 (57–81)	0.30
Female gender (%)	130 (64.7)	63 (67.7)	67 (62.0)	0.46
White race (%)	100 (49.8)	50 (53.8)	50 (46.3)	0.32
Body mass index ^b (kg/m2)	28.7 (24.9–34.3)	29.2 (25.2–32.9)	27.7 (24.7–35.9)	0.96
Pretest clinical score ^{b,c}	12 (9–15)	12 (10–15)	13 (9–15)	0.67
Medical history				
Hypertension (%)	152 (75.6)	71 (76.3)	81 (75.0)	0.87
Dyslipidaemia (%)	129 (64.2)	55 (59.1)	74 (68.5)	0.19
Diabetes mellitus (%)	66 (32.8)	33 (35.5)	33 (30.6)	0.55
Current smoker (%)	16 (8.0)	8 (8.6)	8 (7.4)	0.80
Family history of CAD (%)	38 (18.9)	17 (18.3)	21 (19.4)	0.86
Atrial fibrillation (%)	18 (9.0)	6 (6.5)	12 (11.1)	0.32
Renal hemodialysis (%)	5 (2.5)	1 (1.1)	4 (3.7)	0.38

A Adjusted[†] MACE

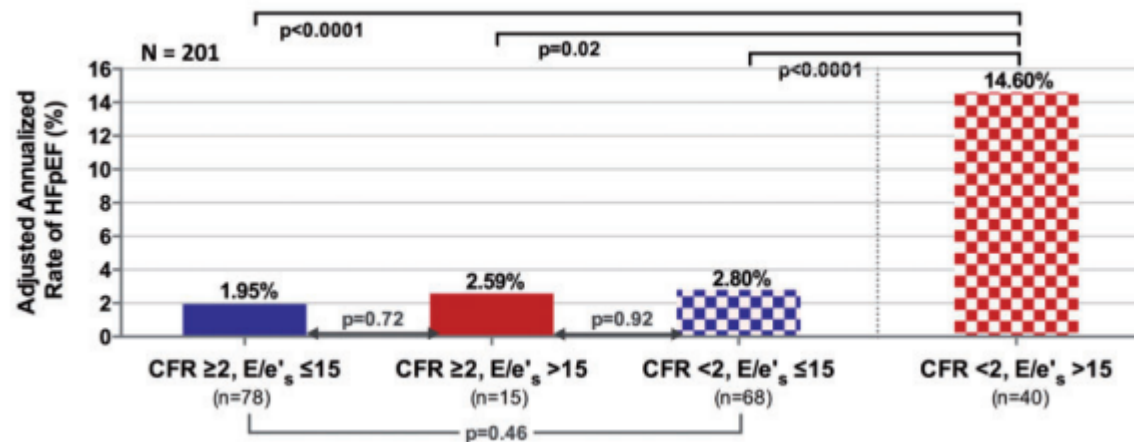
Days	0	350	700	1050	1400
CFR ≥ 2	93	76	69	58	53
CFR < 2	108	86	74	58	52

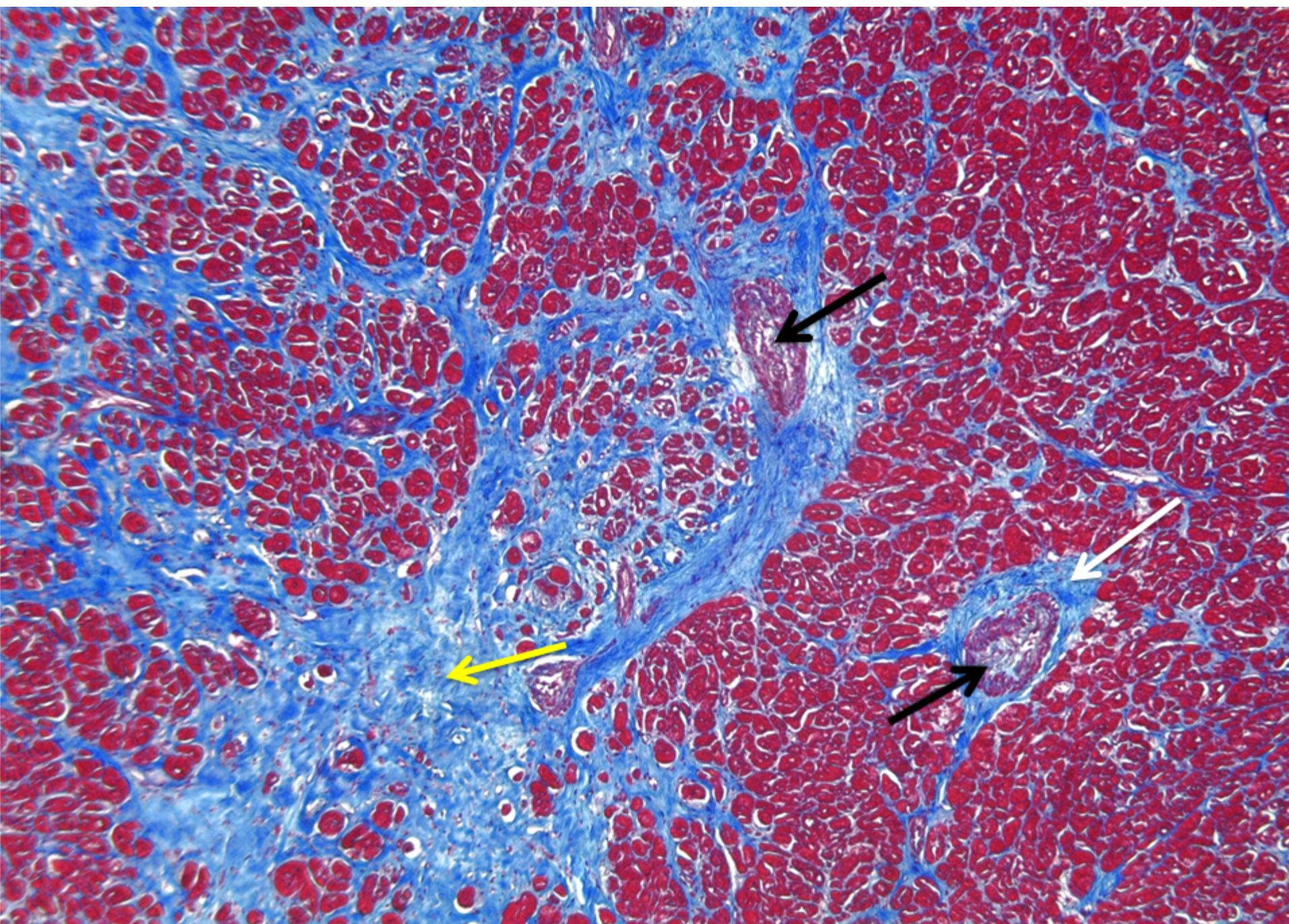
B Adjusted[†] HFpEF Hospitalization

Days	0	350	700	1050	1400
CFR ≥ 2	93	76	70	59	54
CFR < 2	108	87	76	62	56

*Cardiovascular death or hospitalization for myocardial infarction or heart failure.

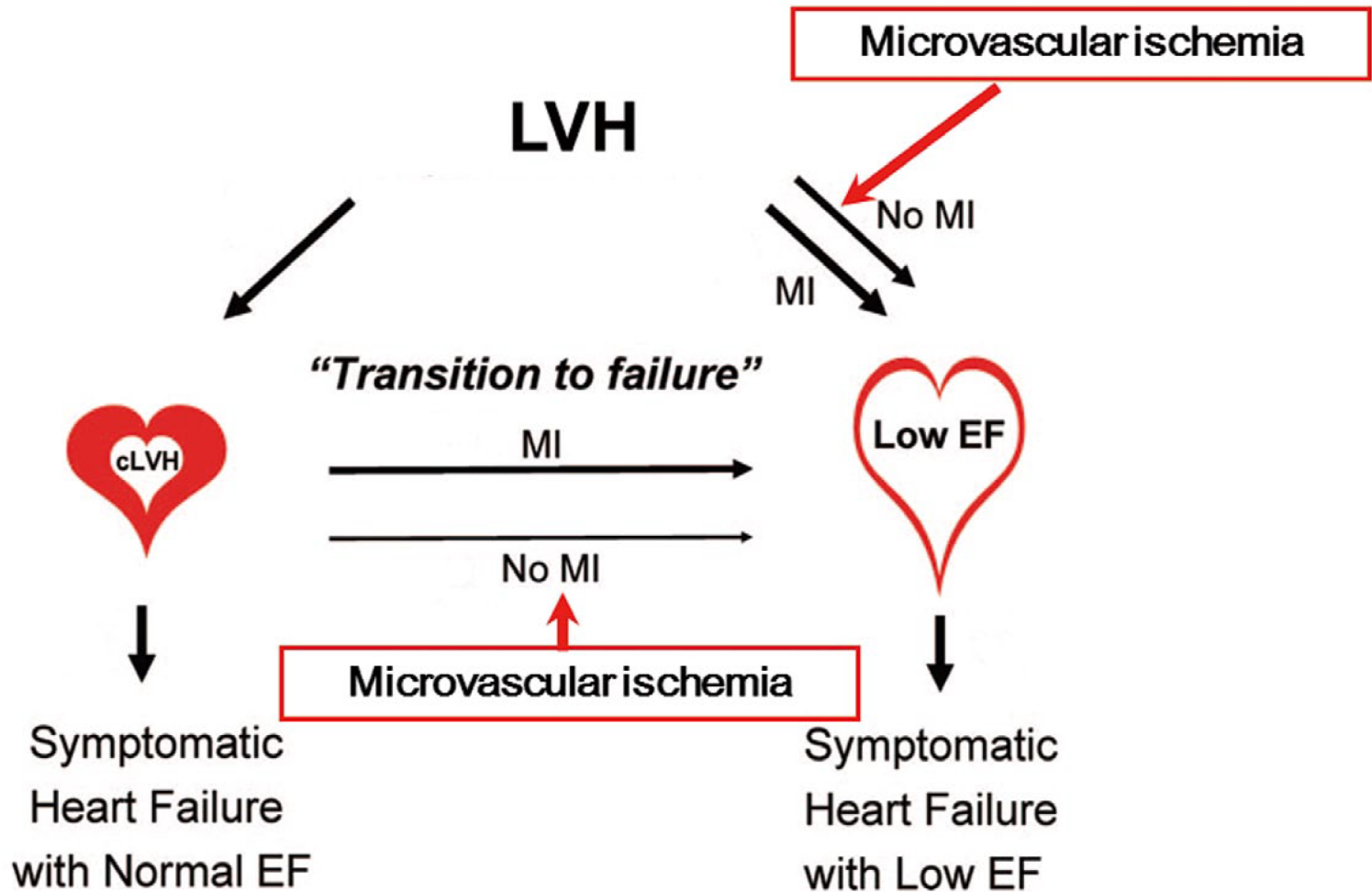
[†]Adjusted for pretest clinical score, history of atrial fibrillation, estimated glomerular filtration rate $< 60 \text{ ml} \cdot \text{min}^{-1} \cdot 1.73 \text{ m}^{-2}$, detectable troponin, left ventricular ejection fraction and $E/e'_{\text{septal}} > 15$.





The pathway from hypertension to HF

“Role of microvascular ischemia”



Pro- and anti-growth stimuli

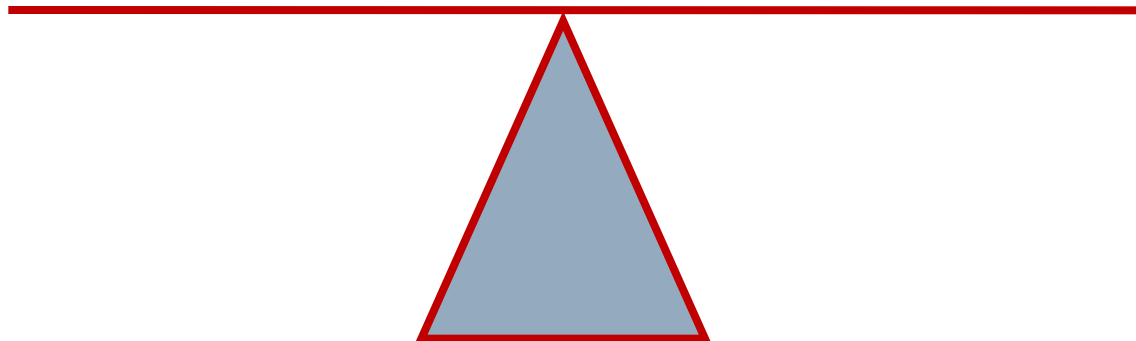
The homeostasis of vascular tissue is achieved through a balanced equilibrium between stimulator and inhibitor signals of cell growth

Stimulators

angiotensin II
aldosterone
deoxycorticost.
endothelin
catecholamine

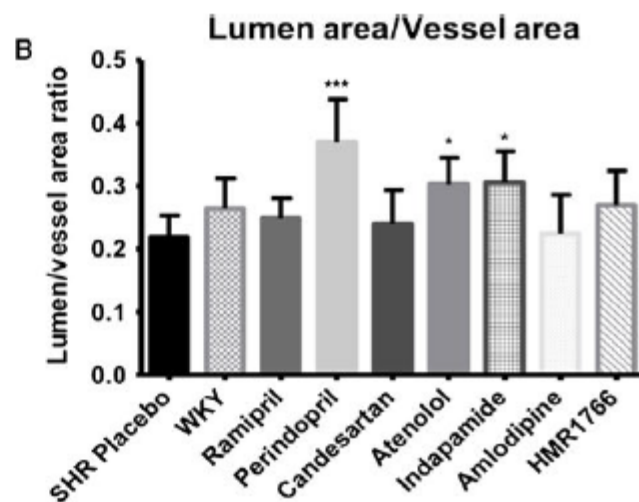
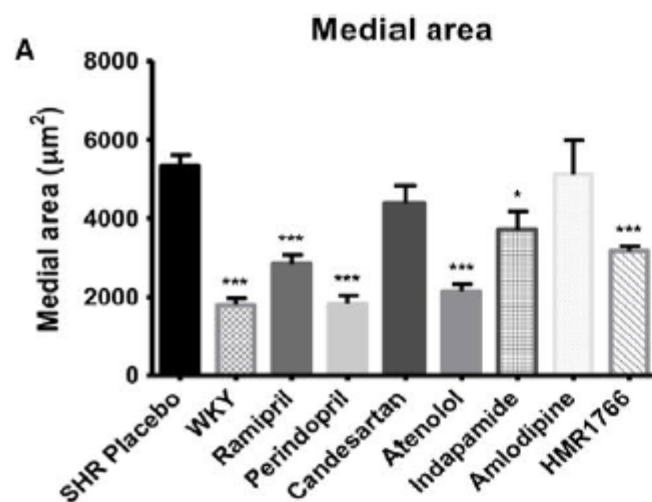
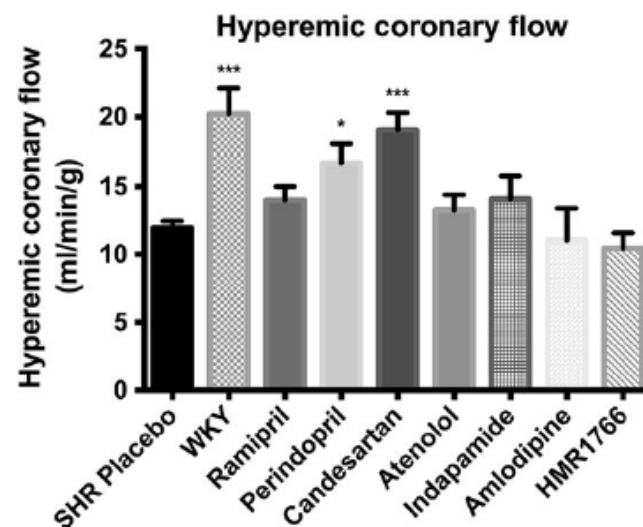
Inhibitors

nitric oxide
bradykinin
prostaglandin
ANP
glucocort.



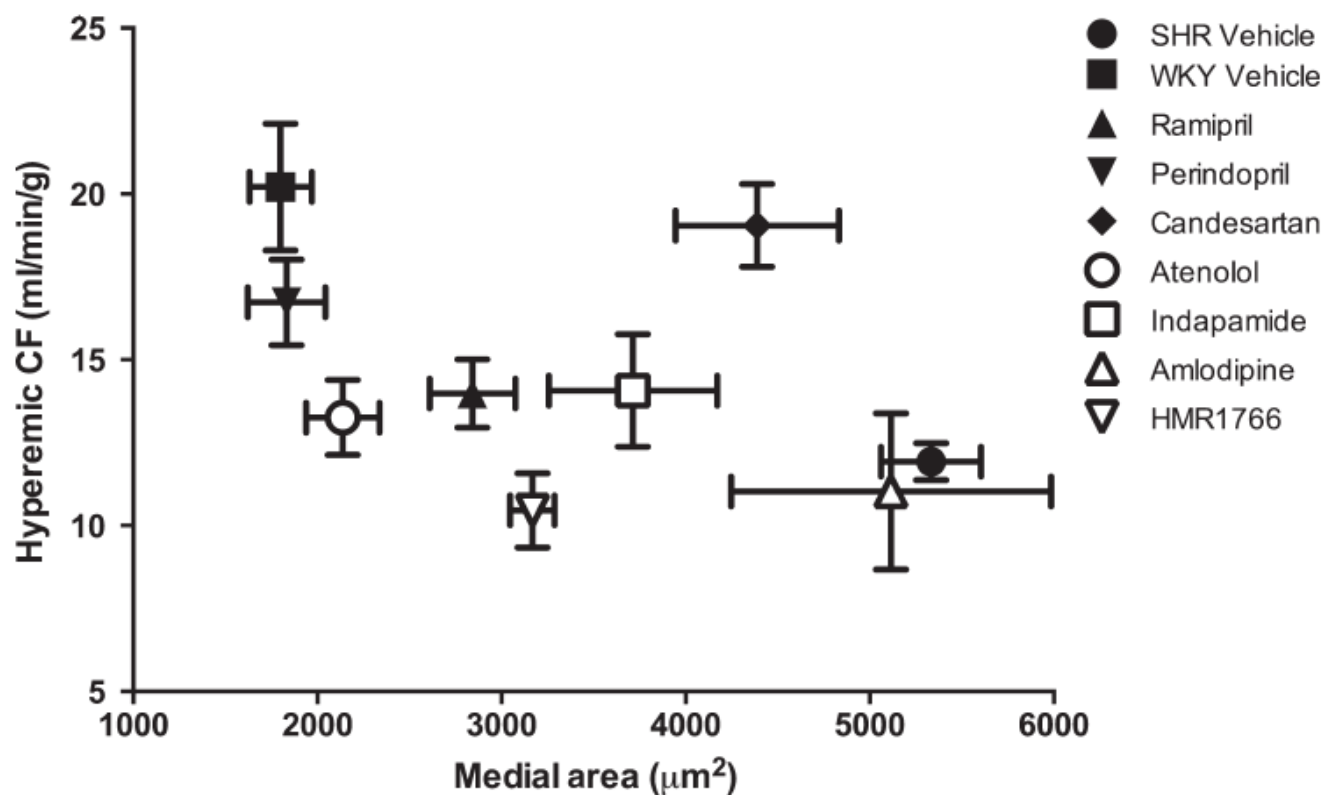
Effect of different drug classes on reverse remodeling of intramural coronary arterioles in the spontaneously hypertensive rat

Massimiliano Mancini^{1,a} | Angela Scavone^{2,a} | Carmem Luiza Sartorio² |
Rocco Baccaro² | Christina Kleinert² | Angelina Pernazza³ | Veronica Buia² |
Martina Leopizzi³ | Giulia d'Amati³ | Paolo G. Camici²



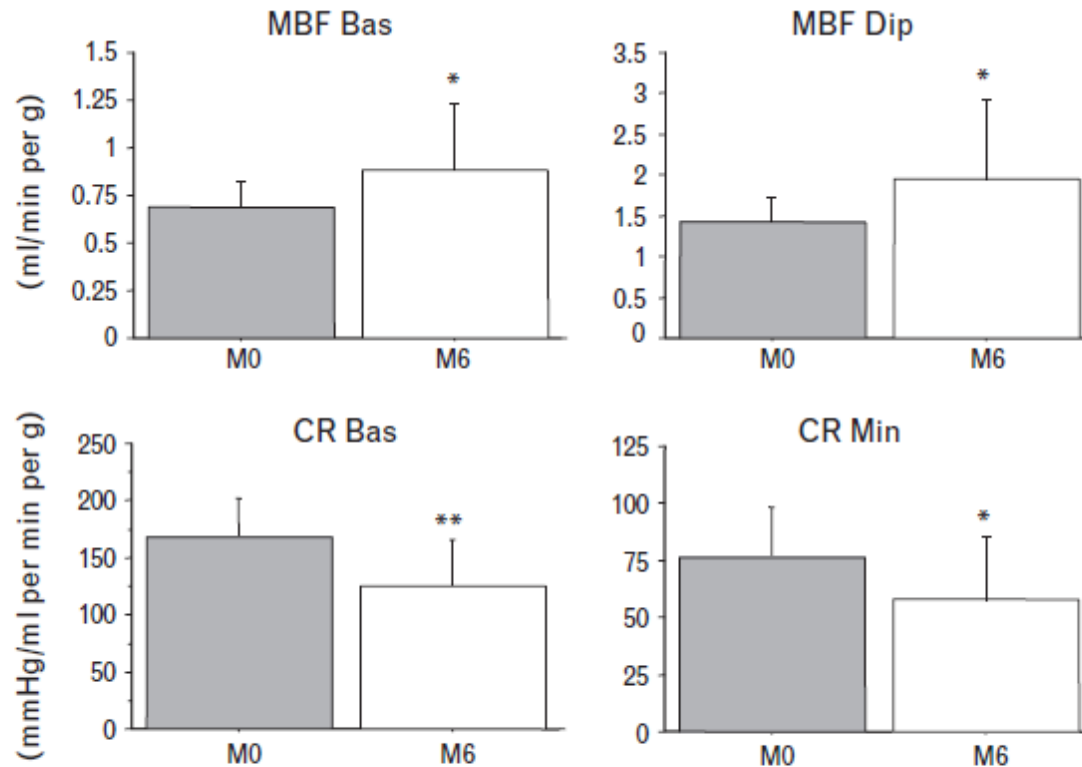
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Perindopril and indapamide reverse coronary microvascular remodelling and improve flow in arterial hypertension

Danilo Neglia^a, Enza Fommei^a, Anabel Varela-Carver^b, Massimiliano Mancini^c, Sergio Ghione^a, Massimo Lombardi^a, Patrizia Pisani^a, Howard Parker^b, Giulia D'amati^c, Luigi Donato^a and Paolo G. Camici^{b,d}



Patient study. (Top panels) Baseline (MBF Bas) and hyperaemic myocardial blood flow (MBF Dip) and (bottom panels) baseline (CR Bas) and minimal (dipyridamole) coronary resistance (CR Min) at initiation (M0) and after 6 months of treatment (M6). * $P < 0.05$ and ** $P < 0.01$ M0 vs. M6.