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Letter to the Editor:

Is the routine screening for significant atherosclerotic renal artery stenosis during coronary angiography/intervention indispensable?

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We read the article "Screening for significant atherosclerotic renal artery stenosis with a regression model in patients undergoing transradial coronary angiography/intervention" by Pu *et al.* (2012), published in *Journal of Zhejiang University-SCIENCE B (Biomedicine & Biotechnology)*, with great interest. Of particular interest to us was the part considering the logistic regression model in this specific cohort of patients for future screening for significant atherosclerotic renal artery stenosis (ARAS). Although arteriography represents the gold standard for evaluation of ARAS, this exam is invasive and requires nephrotoxic iodinated contrast media which makes it less suitable as a first option for diagnosis or screening. Several non-invasive assessment tools, such as Doppler ultrasound and non-enhanced magnetic resonance angiography, have high sensitivity and specificity rates, but also have certain shortcomings.

It seems that the invasive approach presented is too aggressive, considering the results of the regression analysis in this paper (Pu *et al.*, 2012); clearly, patients with these variables can be suspected of having significant ARAS.

Also, the study design indicates that the primary

indication for angiography was coronary artery disease, and that renal angiography was also performed after the completion of coronarography. The results from Table 1 of Pu *et al.* (2012) seem puzzling as more than half of the patients ($n=805$, 54.2%) had normal coronary angiograms.

Although several authors (Alpert, 1994; da Costa *et al.*, 2001; Bugiardini and Bairey Merz, 2005) have described a small series of myocardial infarctions occurring in patients with normal coronary arteries, the incidence of such events is considered to be low, varying from 1% to 12%. Based on this finding, our question is: what was the indication for coronarography in these patients, or how did the authors define the term "normal" in relation to coronary arteries?

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