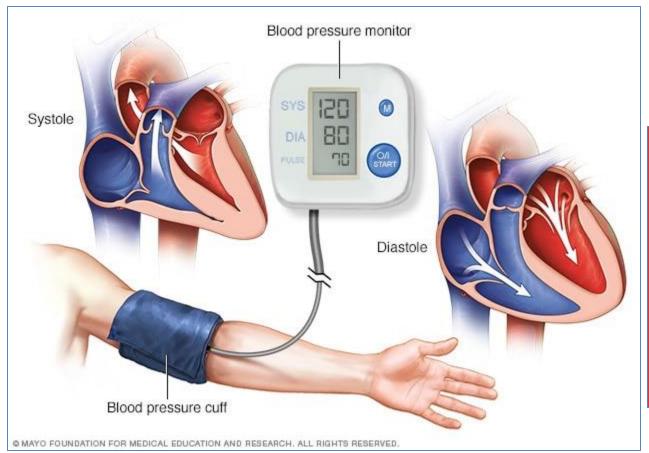


HYPERTENSIVE VASCULAR DISEASE

Arteriolosclerosis

Dr. Nisreen Abu Shahin Associate Professor of Pathology Pathology Department University of Jordan





A sphygmomanometer or a Digital blood pressure monitor is used to measure BP.

Blood pressure



Currently, cutoffs in diagnosing hypertension in clinical practice: sustained diastolic pressures >80 mm Hg, and/or sustained systolic pressures >130 mm Hg

Types of hypertension

According to severity:

Benign (95%) versus malignant (5%)

According to cause:

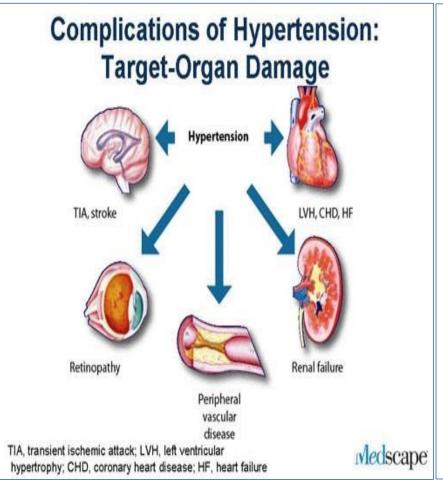
Primary (essential) (95%) versus secondary (5%)

According to side of circulation:

Systolic vs diastolic

- Malignant hypertension
- → 5% (also known as accelerated HTN)
- → a rapidly rising blood pressure that, if untreated, leads to death within 1 to 2 years
 - → systolic pressures > 200 mm Hg or diastolic pressures > 120 mm Hg
 - > renal failure and retinal hemorrhages
 - → usually superimposed on preexisting benign hypertension (either essential or secondary)

Hypertension (HTN) has the following potential complications:



- stroke (CVD) &multiinfarct dementia
- atherosclerotic coronary heart disease
- cardiac hypertrophy and heart failure (hypertensive heart disease)
- aortic dissection
- renal failure
- retinal hemorrhages

Types of hypertension- according to etiology

- 1- essential (idiopathic) hypertension (95%)
- 2- secondary hypertension:
- **Most common**: renal disease or renal artery narrowing (renovascular hypertension)
- Other less common: many other conditions....

Essential Hypertension

Secondary Hypertension

Accounts for 90% to 95% of all cases

recounts for 7070 to 7070 or all cases

Renal

Acute glomerulonephritis Chronic renal disease Polycystic disease

Renal artery stenosis

Renal vasculitis

Renin-producing tumors

Endocrine

Adrenocortical hyperfunction (Cushing syndrome, primary aldosteronism, congenital adrenal hyperplasia, licorice ingestion)

Exogenous hormones (glucocorticoids, estrogen [including pregnancyinduced and oral contraceptives], sympathomimetics and tyraminecontaining foods, monoamine oxidase inhibitors)

Pheochromocytoma

Acromegaly

Hypothyroidism (myxedema)

Hyperthyroidism (thyrotoxicosis)

Pregnancy-induced (pre-eclampsia)

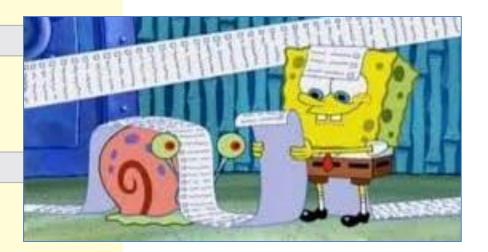
Cardiovascular

Coarctation of aorta
Polyarteritis nodosa
Increased intravascular volume
Increased cardiac output
Rigidity of the aorta

Neurologic

Psychogenic Increased intracranial pressure Sleep apnea Acute stress, including surgery Most common of all

Most common of secondary causes



Pathogenesis of essential HTN

? Genetic factors

? familial clustering of hypertension

- angiotensinogen polymorphisms and angiotensin II receptor variants; polymorphisms of the renin-angiotensin system.
- ? Susceptibility genes for essential hypertension: genes that control renal sodium absorption, etc...
- Environmental factors modify the impact of genetic determinants

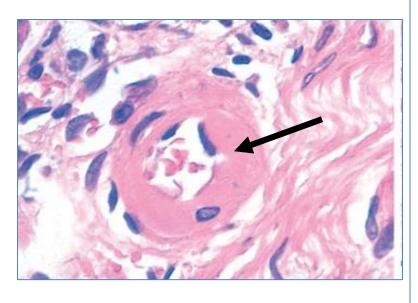
stress, obesity, smoking, physical inactivity, \(\bar{\chi}\) salt consumption

Blood vessels in HTN- Morphology

 HTN is associated with arteriolosclerosis (small arterial disease)

- Two forms of small blood vessel disease are hypertension-related:
- 1- hyaline arteriolosclerosis
- 2- hyperplastic arteriolosclerosis

1- Hyaline arteriolosclerosis



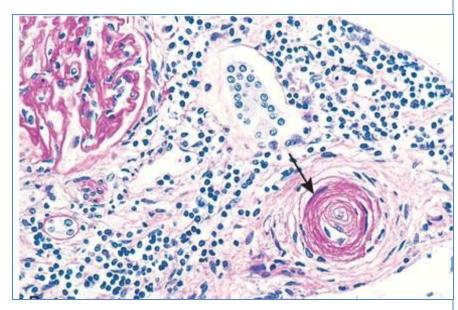
- Ass. with <u>benign</u> hypertension
- homogeneous pink hyaline thickening of arteriolar walls
- luminal narrowing
- <u>leakage of plasma</u>

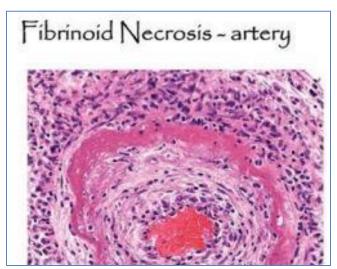
 <u>components across injured</u>
 <u>endothelial cells</u> into vessel
 walls
- increased ECM production by smooth muscle cells in response to chronic hemodynamic stress

- Hyaline arteriolosclerosis: Complications
- Most significant in kidneys
 nephrosclerosis (glomerular scarring)

- Other causes of <u>hyaline</u> arteriolosclerosis:
- 1- elderly patients (normo-tensive)
- 2- diabetis mellitus

2- Hyperplastic arteriolosclerosis





- With <u>severe (malignant)</u> hypertension
- "onionskin" concentric laminated thickening of arteriolar walls
- luminal narrowing
- reduplicated basement membrane
- fibrinoid vessel wall necrosis (necrotizing arteriolitis)