Cardiology in the Young

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Commentary on the paper by Abosh et al.

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Commentaries

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I am writing in reference to the article titled "Under pressure: paediatric hypertensive dilated cardiomyopathy secondary to renal artery stenosis," published in the August 2025 issue of CTY.[1] I found the manuscript to be of great interest, offering significant insights into the radiological imaging of patients with cardiomyopathy caused by renal artery stenosis. While the paper is valuable, I would like to elaborate on certain aspects that could benefit from further investigation, particularly concerning patients with cardiomyopathies.

This document presents a case report of a patient with acute heart failure. The clinicians investigated a very rare case of dilated cardiomyopathy, providing valuable insight from all imaging methods. They found that the cause of this cardiomyopathy was the presence of renal artery stenosis. After transcatheter ballooning of the stenotic vessels, the problem was resolved, and the patient was discharged home in good clinical condition.

After reading this paper, clinicians should consider the possible causes of dilated cardiomyopathy. The assessment of the abdominal aorta and renal arteries should become a routine part of the evaluation process for this type of anomaly, similar to coronary artery imaging. Acute heart failure in children can also be caused by the anomalous origin of the left coronary artery, as well as by renal artery stenosis. This can be very easily evaluated by a single CT angiography with ECG synchronisation. The region of interest must be focused on the aorta. Therefore, if the ascending aorta is well opacified by the contrast agent, the abdominal aorta will be as well. The scan range should thus include the thorax and the abdomen below the kidneys. Assessing renal arteries and their flows by ultrasound is sometimes impossible; this approach will solve both problems. If there is no problem with the coronary or renal arteries, it is necessary to think about primary dilated cardiomyopathy.

Modern imaging methods offer a brighter future for patients with acute heart failure, as they can help uncover the potential causes of dilated cardiomyopathy.

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Reference

1. Abosh E, Asakai H, Roberts P, Luxford J. Under pressure: paediatric hypertensive dilated cardiomyopathy secondary to renal artery stenosis. Cardiol Young 2025; 35(11): 2360–2362. doi: 10.1017/S1047951125109748.

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