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Treatments and diets associated with resistant arterial hypertension and their influence on the efficacy of spironolactone

Tratamientos y dietas asociadas a la hipertensión arterial resistente y su influencia en la eficacia de la espironolactona



Dear Editor,

The article published by Galceran et al. entitled: “*Evolution of Hypertension mediated organ damage in patients with resistant hypertension patients after adding spironolactone*”¹ provides an advance in the knowledge of the treatment of resistant arterial hypertension (RHTN), since it finds spironolactone as an efficient treatment. However, we would like to highlight some observations regarding the study.

The Materials and Methods section does not specify whether the study participants received additional treatment for any comorbidity or arterial hypertension itself. It is known that for the management of RHTN, the combination of angiotensin-converting enzyme inhibitors such as enalapril, a calcium antagonist such as nifedipine, and a thiazide diuretic such as chlorthalidone produces a reduction of blood pressure.^{2,3} In addition, it is known that patients with hypertension receive low-salt diets and are forbidden to consume any type of alcoholic beverage, based on the knowledge

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that salt consumption (greater than or equal to 10 g per day) or excessive alcohol intake (greater than 60 g per day)^{4,5} increase blood pressure. However, no analysis of these factors has been performed by the participants, even though they should have been controlled either in the design or in the statistical analysis to evaluate the efficacy of spironolactone. Furthermore, in the section of statistical analysis, the authors mention that the variables of age, sex, body mass index, presence of type 2 diabetes mellitus and glomerular filtration rate were adjusted in a multivariate regression. Nonetheless, it is not specified which regression model was used to adjust these variables, and this information is not shown in the results section.

Finally, despite the observations made, we would like to emphasise this research's notable contribution to RHTN, and hope that other authors continue to contribute adding scientific evidence in this area.

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Unconventional route of administration of sodium zirconium cyclosilicate via nasogastric tube: A case report

Vía de administración inusual de ciclosilicato de sodio y zirconio a través de sonda nasogástrica. A propósito de un caso



Dear Editor,

Hyperkalemia is a common electrolyte disorder in chronic kidney disease (CKD): it carries cardiovascular risks and may have serious consequences if not adequately controlled.

The use of standard therapies and osmotic resins (calcium and sodium polystyrene sulfonate) has an uncertain efficacy for chronic treatment.¹ In recent years, new tools have also become available: patiromer and zirconium cyclosilicate. The latter, when compared to placebo, has demonstrated a significant and sustained reduction in potassium levels at 48 h in patients with stage 3-4 CKD.²

Here we present the case of the use of zirconium cyclosilicate by an uncommon means of administration with good results.

The case is a 45-year-old woman with a personal history of arterial hypertension, aortic insufficiency and CKD due to interstitial nephropathy that required nephrectomy at the age of 18 years due to chronic pyelonephritis. She had a renal transplant from a living related donor (her sister) with baseline renal function of 22 ml/min GFR.

She was taken to the emergency room due to an abrupt loss of consciousness and fever. In the previous days she had little food ingestion and reported dysuria and mechanical chest pain.

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