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LETTER TO THE EDITOR

REDEFINING HYPERTENSIVE URGENCY AND MALIGNANT HYPERTENSIVE EMERGENCY

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Sr. Editor

In my opinion, the new guidelines for arterial hypertension of the European Society of Hypertension (ESC)/ European Society of Cardiology (ESH) 2018 establish that pharmacological intervention should be considered when the cardiovascular risk is very high due to established cardiovascular diseases, especially in cases such as coronary heart disease when (Systolic Blood Pressure [SBP] is 130-139 and Diastolic Blood Pressure [DBP] is 85-89 mmHg). The guidelines also state that pharmacological intervention should be initiated even if there is no evidence of Hypertension-mediated Organic Damage (HMOD), despite of lifestyle modifications, the patients with low moderate risk grade 1 hypertension[1]. A modern set of guidelines have been released to diagnose and treat the non-infectious epidemic, which includes a refined classification of hypertension.

Several authors have stated the terms "urgency hypertensive" and "emergency hypertensive". But many have failed to understand the terminology and have not implemented them in their clinical practice. There is a high gravity of the current problem and needs Light to be focused. The "Hypertensive crisis" is defined as an elevation of the SBP > 180 mmHg and a DBP > 120 mmHg without signs of HMOD; a complex of syndromes like blurred vision, headaches, severe chest pain, nausea, vomiting, anxiety, epistaxis, seizures and syncope.

With the increasing number of cases, the daily hypertensive crisis is regarded as the leading cause of death after the stroke. Whereas, "hypertensive emergency" is described as critically elevated SBP/ DBP to > 180 / 120mmHg, with evidence of progressive HMOD[2]. The hypertensive emergency must be managed by reduction target blood pressure to 25% in the first hour. Rodriguez et al, stated that accelerated hypertension with papilloedema is defined as "malignant hypertension", a synonym for hypertensive emergency[3]. Whereas, Cremer et al in their study, concluded emergency state of critical blood pressure elevation along with any 3 target organ damage[4]; Posterior reversible encephalopathy syndrome (PRES), characterized by headache, seizures, confusion, disorders of vision, is a group of related symptoms with malignant hypertension.

With a growing number of cases each year, the severity of the problem to detect and handle the problem of the hypertensive urgency and the Emergency is ascending. The most common causes they are aortic dissection, the cerebral/ cardiac stroke, the retinovascular occlusion (eye stroke), the phaeochromocytoma, the postoperative hypertension acute and preeclampsia are identified[5]. The drugs common of choice for treatment include Labetalol, Furosemide, Hydralazine, Captopril, Phencyclidine, Nitroprusside, Nitroglycerin, Nicardipine, etc., have been used for a long time[6]. Non-invasive methods of central blood pressure, pulse wave velocity and arterial stiffness have been proved to be well efficient to predict the damage to target organ and limit cardiovascular mortality[7]. Longitudinal studies are needed and prospects that show data on the number of cases treated, time taken to diagnose and appropriate diagnostics and drug therapies are needed. A revised guidelines for dealings these emergency states are wanted along with this there is also a need for the the emergence of "hypertensiology" as a specialization for more advanced management and rigorous handle of the hypertensive disorders.

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