

## Medical Expertise

"Development of the European Network in Orphan Cardiovascular Diseases"  
„Rozszerzenie Europejskiej Sieci Współpracy ds Sierocych Chorób Kardiologicznych”

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#### **CASE SUMMARY**

A 56 y.o. caucasian female with the 6 months history of hypertension, and hyperlipidemia, former smoker, with hypothyroidism and a positive family history of atherosclerosis was referred due to the blood pressure difference of 60mmHg between arms in the routine BP examination. On admission she presented herself with vertigo during quick change of position, heart palpitations, intermittent claudication (>200m). She denied chest pain, exertional dyspnea, syncope. The biochemical analysis revealed only slightly elevated LDL cholesterol (3,38 mmol/L) and triglycerides (2,06 mmol/L) and decreased HDL cholesterol level (0,82 mmol/L). The total cholesterol and glucose levels were within normal ranges. The biochemical analysis of the inflammatory markers were within normal ranges

The ultrasound examination of the peripheral arteries revealed multilevel atherosclerosis including critical stenosis of the left internal carotid artery (LICA), occluded left subclavian artery (LSA), left subclavian steal syndrome of the left vertebral artery, severe stenosis in the ostium of the right vertebral artery, 50-60% stenosis in the right brachial artery, critical stenosis the left femoral superficial artery, 80-90% stenosis of the right external iliac artery and significant stenosis of the right superficial femoral artery.

The angiography of the coronary arteries showed that in the seventh segment of the left descending artery there was a short stenosis (60-70%), (the vessel diameter in this segment is about 2mm), other segments were without significant reduction of the lumen, in diagonal branches, circumflex artery and three marginal branches there was no reduction of the lumen, the right coronary artery was predominant, without significant narrowing (in the second segment short stenosis about 40%).

The angiography of the peripheral arteries showed long significant stenosis (75-80%) of the left internal carotid artery, right vertebral artery significantly narrowed in the ostium

(80%), proximal occlusion of the left subclavian artery and the third degree subclavian steal syndrome of the left vertebral artery, critical stenosis of the proximal segment of the left superficial femoral artery, then at the height of a half thigh occlusion of the vessel about 7-8cm long; distal segments visible due to collateral circulation.

The patient underwent the invasive procedures including the angioplasty of the left internal carotid artery with implantation of a stent and the angioplasty of the right vertebral artery with implantation of the stent. |

## **EXPERT'S OPINION**

|Further conservative treatment together with risk factors control seems the right choice. After intervention on carotid artery clopidogrel should be administered. Scintigraphy is essential to estimate ischemic region in the heart. Considering peripheral artery disease – exercise training aimed at improving the walking distance is necessary. Cilostazol do not improve prognosis, only symptoms, but our experience with this treatment is limited. |

## **CONCLUSION**

|Careful risk factors control together with medicamental treatment is essential in this moment for the patient. Detail follow up of peripheral artery disease together with stress tests for coronary artery damage progression is recommended |

## **REFERENCES**

|ESC Guidelines on the diagnosis and treatment of peripheral artery diseases, European Heart Journal (2011) 32, 2851–2906 |