

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

56 years old female with strong positive CAD risk factors history and diffuse atherosclerosis, already after few angioplasties done during last months was admitted for further diagnostic evaluation and treatment. At this time the patient presents with occluded LSA (left subclavian steal syndrome, borderline lesion in the LAD and significant stenosis of the right external iliac artery and right superficial femoral artery with intermediate claudication distance of more than 200m.

DISCUSSION

Atherosclerosis is a condition in which an artery wall thickens as a result of the accumulation of fatty materials such as cholesterol and triglyceride. The process is chronic, develops slowly and causes the narrowing of the arteries. The effects of atherosclerosis differ. They depend on which arteries have reduced lumen and what is the degree of the narrowing. The outcome may be diverse – from asymptomatic patients throughout their life to the severe symptoms including heart attack or/and stroke [1].

EXPERT'S OPINION

This patient seems to be a candidate for close follow up, risk factors reduction and staged angioplasty procedures. Coronary evaluation with any of the imaging techniques including scintigraphy, MRI, PET/CT should be performed at first to estimate severity of the LAD stenosis. If the result is positive PCI should be performed. As the next stage of the evaluation I would suggest evaluation for PTA angioplasty options to prevent lower limb ischemia. Reopening of the LSA might be also a target for revascularization using both the radial and femoral approach. For prevention of the future adverse events the dose of atorvastatin should be high and if LDL would not reach below 1.8mmol/l level rosuvastatin might be administrated. New monoclonal antibody PCSK9 inhibitors are recently in the III phase of clinical trials and might be an option for reduction of the development of atherosclerosis in this patient [2]. Despite data favouring treatment of patients with multiple atherosclerosis with aspirin only double antiplatelet therapy is the only option at this time due to staged revascularization procedures performed in this patient [3].

CONCLUSION

- 1) Staged revascularization may be indicated in the future
- 2) Heart ischemia assessment – scintigraphy, MRI, PET-CT.
- 3) Exercise training, drugs: aspirin and clopidogrel, maybe ticaglerol administration
- 4) Revised all risk factors with the usage of new therapeutic agents – rosuvastatin, PCSK9 inhibitor.

REFERENCES

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3. Bhatt DL, Fox KA, Hacke W. Clopidogrel and aspirin versus aspirin alone for the prevention of atherothrombotic events. N Engl J Med. 2006 Apr 20;354(16):1706-17.