

## 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 68 year old female presented to cardiology department with rheumatic valvular heart disease in order to undergo valvular surgery. She suffered acute rheumatic fever in the childhood. She is treated for hypertension since ten years, permanent atrial fibrillation discovered less than 1 year ago, dyslipidemia and unclassified cerebral vasculitis diagnosed 21 years ago. There was no family history of cardiac disease or connective-tissue disorders. Her current symptoms include exertional dyspnea, palpitations, peripheral oedema, fatigue, claudication of 100 meters and skin rash and itching. Echocardiography showed that LV was not dilated with normal systolic function, both atria enlargement, significant MV regurgitation without important MV annulus dilatation. Mild RV dilatation with a good RV function, severe tricuspid regurgitation and pulmonary hypertension with pulmonary artery systolic pressure around 65 mmHg. MRI showed occlusions in the right iliac artery, left femoral artery with no evidence of acute inflammatory process. No evidence of atherosclerosis was found in the coronary arteries.

#### **DISCUSSION**

Takayasu arteritis is a rare, idiopathic and chronic inflammatory disease presenting usually in the aorta and its main branches. Symptoms are associated with the degree of stenosis and occlusion of the vessels. First symptoms are often acute. Angiography is the method of choice in the differential diagnosis [1]. The disease affects women much more frequently than men, the ratio being 8:1 [2]. Both the aortic and mitral valve surgeries in patients with Takayasu arteritis were published in the literature. Doi YL presented a case report of a 44 year old female with coarctation of the abdominal aorta secondary to Takayasu arteritis and mitral stenosis and the etiological relation was suspected between these two

diseases [3]. Li C. et al. described prosthetic valve detachment and pseudoaneurysm formation as the most important postoperative complications after aortic valve replacement (AVR) in patients with Takayasu arteritis. They presented satisfactory outcomes in patients undergoing composite aortic root replacement. 6 out of 11 patients underwent Cabrol procedure and the authors suggest the need for more close follow up in these patients to assess the effectiveness [4]. Unfortunately, Skvarilova M et al. presented a case report of a female patient with pulmonary hypertension who died in the early postoperative period after both the AVR and mitral valve repair [2]. Coexistence of coronary artery disease and mitral valve disease are rare in Takayasu arteritis [5].

## EXPERT'S OPINION

Because the mitral ring seems to be not significantly enlarged and if anatomy allows MitraClip procedure might be an option, although IT still seems to be a problem. In such case a close echocardiographic follow up should be introduced with probable decision of both valve surgery in case of strong symptoms increase in future. Pulmonary hypertension seems to be an important risk factor for the outcomes after operation. The main clinical symptoms at this moment are associated with claudication of less than 100m. It should also be considered to evaluate possibilities for surgical revascularization in this area.

## REFERENCES

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