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Case Report

A case of left main coronary artery disease in a young female with aorto arteritis

Varda Rajasekhar [a], *Gopala Krishna Gokhlae* [b], *Chitimilla Santosh Kumar* [a,*]

[a] *Department of Cardiology, Yashoda Superspeciality Hospitals, Clock Towers, Secunderabad 500003, Andhra Pradesh, India*

[b] *Department of Cardio Thoracic Surgery, Yashoda Superspeciality Hospitals, Clock Towers, Secunderabad 500003, Andhra Pradesh, India*

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ABSTRACT

Aorto arteritis involving coronary lesions is very rare. Coronary lesions, mostly involved are in the form of stenosis or occlusion. It usually involves 9–11% of cases, with coronary ostial site, being the most common site for the involvement up to 73%. The disease is commonly involved in young Asian women with unknown aetiology. In this case, we present a young woman, who has high suspicion of aorto arteritis with significant left main coronary artery disease and right coronary involvement. The culprit lesions were stented with drug eluting stents (Promus Element). But during her 7th month of post angioplasty, patient was readmitted with acute coronary syndrome- Exertional Angina. Her Computerised Tomography – Coronary angiogram showing significant in stent disease in stented ostioproximal segments of Right coronary artery and Left main coronary artery. So patient has been posted for coronary artery bypass graft surgery. The patient has improved symptomatically during her post operative stay and was discharged in haemodynamically stable condition.

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1. Introduction

Aorto arteritis is a chronic inflammatory disease with granulomatous panarteritis, affecting medium and large sized arteries. Basically it's an inflammatory process, responding to immunomodulation therapy. Exact aetiology is not known. In spite of treatments, patient can lead to ischaemia and infarction of affected areas.

2. Case scenario

A 26 yrs old female lady with no significant co morbidities has initially presented to causality with a history of recurrent retro sternal chest discomfort on exertion on and off since 2 months. Patient has been initially taken to a local Gastroenterologist, thinking in view of acid peptic disease. An endoscopy was performed, which revealed Erosive Antral Gastritis

* *Corresponding author*. Tel.: +91 7207857219.
E-mail addresses: santoshch32@gmail.com, santoshch32@yahoo.com (C. Santosh Kumar).
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and she has been put on proton pump inhibitors. Though the patient was on proton pump inhibitors, she was experiencing the similar retro sternal chest discomfort with radiation to left arm. So, she has been taken to a cardiologist for detailed evaluation. Her general physical examination seems to be normal with all peripheral pulses felt. All necessary preliminary investigations were done like, Electrocardiogram (Panel A) showing minimal ST elevations in Inferior leads. Her 2D-Echo cardiography, treadmill test and Cardiac Biomarkers were done. Her treadmill test revealed as strongly positive for exercise inducible ischaemia. In view of abnormal ECG and treadmill test reports, patient has been taken up for coronary angiogram which revealed – Left main coronary artery disease (Fig. 1 = Ostial 95% critical stenosis) with single vessel disease – Right coronary artery (Fig. 2 = Ostial 80% stenosis) with large AV fistula from conus artery, mid and distal Right coronary artery. Intra aortic balloon pump has been placed and patient has been taken up for coronary angioplasty of Left main and Right coronary artery. Left main lesion was stented with 4.0 × 15 mm (Promus element) – Drug eluting stent – (Fig. 3) and Right coronary artery was stented with 4.0 × 12 mm (Promus element) – Drug eluting stent (Fig. 4). Her post cath stay was uneventful. Her electrocardiogram was taken (Panel B) showing minimal ST elevations in Inferior leads with T inversions in Antero septal leads. In view of young age with no significant co morbidities and risk factors with elevated inflammatory markers (ESR and CRP levels) and left main coronary artery disease, made a suspicion of inflammatory disorder and patient also been evaluated by the Rheumatologist. As it is a case of high suspicion of arteritis, She was treated with Immunosuppressive therapy, Methotrexate, antiplatelets, statins and other supportive care. The patient has improved symptomatically during her hospital stay and was haemodynamically stable at the time of discharge.

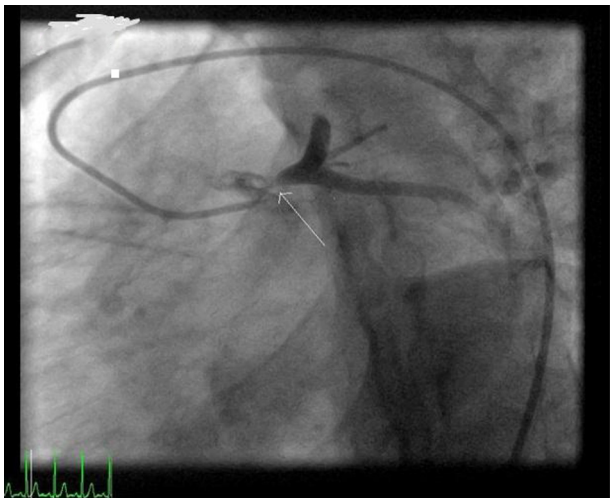
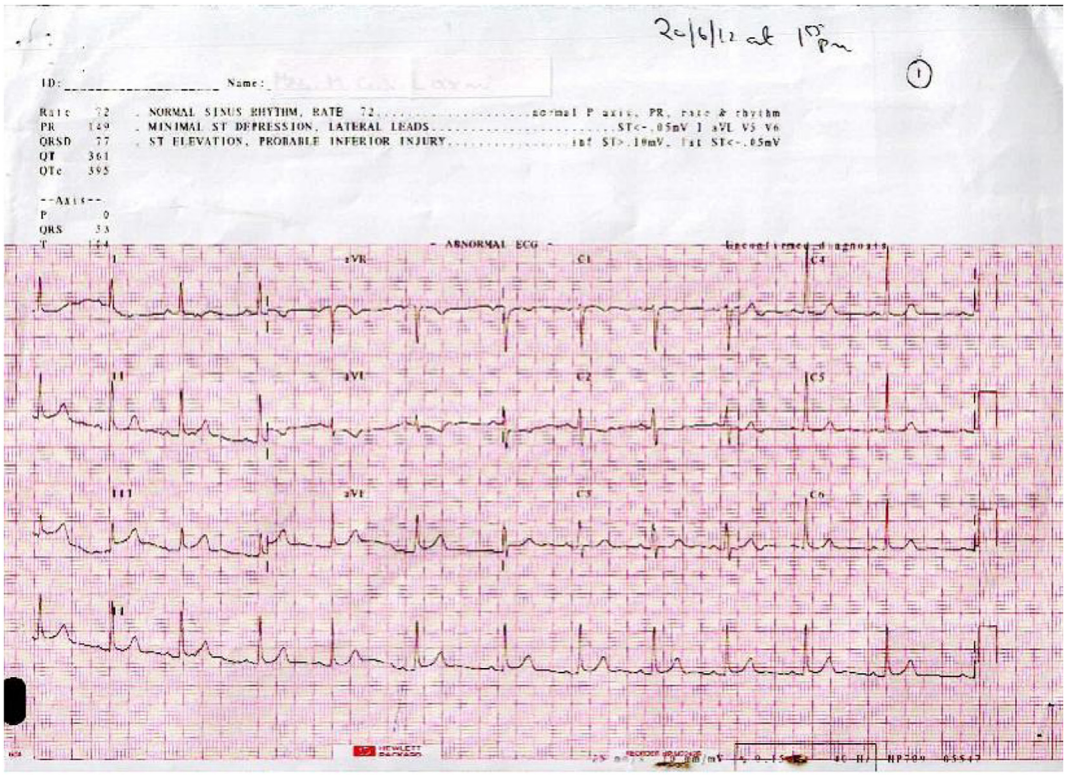


Fig. 1 – Coronary angiogram showing left main coronary artery disease with ostial 95% critical stenosis (indicated with arrow mark in the figure).

Her six months follow up stay was uneventful. But during her seventh month post angioplasty, patient was readmitted with complaints of exertional angina, associated with shortness of breath. She was treated as Acute coronary syndrome and posted for Computerised Tomography – Coronary angiography, which revealed – Significant in stent disease in stented ostioproximal segments of Right coronary artery and



Panel A – Twelve leaded electrocardiogram of the patient taken in the emergency department before coronary intervention.

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