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EARLY CORONARY STENT THROMBOSIS AFTER ACUTE MYOCARDIAL INFARCTION IN A MAN WITH BEHÇET'S DISEASE

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BACKGROUND

Behçet's disease (BD) is a systemic vasculitis affecting both veins and arteries of any caliber. Recurrent oral and genital ulcers and ocular symptoms are hallmarks of BD but musculoskeletal, neurological, pulmonary and gastrointestinal symptoms may also be present. Cardiac involvement is relatively uncommon and can be manifested by pericarditis, endocarditis, valvulopathy, myocardial aneurysm, intracardiac thrombosis and acute myocardial infarction (AMI).

CASE REPORT

A 48-year-old male presented to the clinic with chest pain and was diagnosed with ST-elevation AMI with 90% occlusion of the anterior descending coronary. Transluminal angioplasty was performed and he was prescribed AAS and clopidogrel. He reported a history of recurrent oral and genital ulcers since the age of 20 years. Seven years ago, he had right lower limb claudication with identification of a right iliac artery aneurysm (surgical correction in 2012). He presented deep venous thrombosis (DVT) in the same leg in 2012. Despite the anticoagulation with factor Xa inhibitor (rivaroxaban) he evolved with four new episodes of DVT in lower limbs some years later. Thus, we made a diagnosis of DB with important vascular involvement and he was treated with methylprednisolone (MP) 1mg/kg/day, colchicine 1mg/day and anticoagulation with warfarin. One week later an image suggestive of intra-stent thrombus was found on angiotomography, confirmed by new cardiac catheterization and treated by percutaneous procedure. Due to the new thrombotic event in the presence of double antiaggregation and adequate anticoagulation, monthly cyclophosphamide pulse therapy 0,75 - 1 g/m2 was added. There was a good response to treatment and he remains free of new cardiovascular events 3 months after initiation of immunosuppression.

CONCLUSION

Cardiac involvement occurs in less than 5% of patients with BD and is more prevalent in men. AMI is a life threatening complication, with coronary vasculitis being the main pathophysiological substrate. Also, increased frequency of coronary artery disease related to the prothrombotic state by chronic inflammatory disease is described in BD. To our knowledge, this is the first case reported in the literature of early coronary stent thrombosis in a BD patient who progressed favorably after intravenous immunosuppressive treatment optimization. This case points to the need for adequate monitoring of the increased prothrombotic risk in vascular BD, especially in subjects submitted to endoprosthesis implantation.