



INTERVENTIONIST APPROACHES IN ACUTE CORONARY SYNDROME IN TWO PATIENTS RECENTLY DIAGNOSED WITH TAKAYASU'S ARTERITIS.

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BACKGROUND

Takayasu's arteritis is a large and medium vessels granulomatous vasculitis that affects the aorta and its major branches, such as brachiocephalic trunk, carotid, subclavian, vertebral, renal, coronary and pulmonary arteries. The inflammatory process results in stenosis, occlusion, dilation or aneurysm in the arterial wall. Coronary involvement may occur in 10% of cases and can be divided into three types: stenosis or occlusion of coronary ostia (more common), diffuse or focal arteritis, and formation of coronary aneurysm.

CASE REPORT

Case report of two patients recently diagnosed with Takayasu's arteritis who underwent treatment with corticosteroids. The first, a 44-year-old woman, was identified in at the diagnosis with a subocclusive lesion in the right coronary ostium and it was opted for clinical management after assessing the risks and benefits interventional treatment. A few days later the patient evolved with acute myocardial infarction without ST segment elevation and was treated with angioplasty and pharmacological stent placement. Twenty days after she was readmitted for decreased level of consciousness due to an extensive hemorrhagic cerebrovascular accident, which ultimately led to the patient's death. The patient was using anticoagulant due to previous pulmonary tromboembolism secondary to a colon cancer and was under antiplatelet because of the previous coronary ischemic syndrome.

The second patient was a 20-year-old woman, with no known previous history of coronary involvement, who developed ischemic electrocardiographic changes without troponin alterations. This was identified in coronariography studies as a subocclusive lesion of the left coronary trunk and it was opted for surgical intervention. The myocardial revascularization procedure was performed using left internal mammary artery to the anterior descending artery and the revascularization of the superior mesenteric artery with saphenous vein graft due to a previous critical lesion in this vessel. In the immediate postoperative period, the patient evolved with hypovolemic shock and refractory coagulation disorder leading to her death.

CONCLUSION

Takayasu's arteritis is a serious disease which increases the likelihood of fatal cardiovascular events, such as myocardial infarction. Coronary artery involvement can be severe, with multivessel disease, requiring complex techniques of interventional treatment and there is no consensus on how coronary lesions should be treated.