Degenerative aortic valve disease and coronary artery disease are either side of a coin

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Contemporarily, the discussion on degenerative aortic valve is never complete without mentioning the atheromatous burden in other vascular territories. Since, atherosclerosis is a systemic disease, the preview cannot exclude having atheromatous plaques somewhere else like stenosis of carotid artery, peripheral arterial disease, and renal artery stenosis. The degenerative aortic valve disease is the result of ongoing atheromatous process; in addition, age-related wear and tear of cusps of aortic valve is no more a conundrum, rather the fact is well evidenced. However, the author has not mentioned anything about simultaneous atheromatous burden in coronary or any other peripheral vascular territories as a part of systemic atherosclerosis, even if it is a review to reinforce that fact that degenerative aortic valve disease is exactly an atheromatous process. In 1980, for first time, elective coronary angiogram in adult patients concluded that asymptomatic significant coronary lesion exists in 33% of patients >45 years of age scheduled for degenerative valve replacement. Then several evidences followed that established prevalence of obstructive coronary arterial disease in patients undergoing pre-operative angiogram before aortic valve surgery. This prevalence of obstructive CAD is still higher in the patients with ischemic symptoms. American Heart Association 2014 guideline for coronary angiogram is mandatory to rule out obstructive coronary artery disease in the patients undergoing aortic valve replacement after the age of 40 years even in the absence of risk factors. Though the research studies at present do not show that lipid-lowering drugs do not off load atheromatous burden of degenerative aortic valve or do not reduce aortic valve gradients, future studies and reviews are essential to rule out this very role of lipid-lowering medication in the very early part of disease, as reported by Hung et al. In concluding remark, in situ pathological studies of degenerative aortic valve should be incomplete without imaging or correlating atheromatous burden in other vascular territories. Degenerative aortic valve disease and coronary artery disease are either side of a coin, “atheroma is there, atheromatous diseases are there” like all or none phenomenon. Particularly, the researches and discussions about the degenerative aortic valve disease focuses “prevent and care aortic valve stenosis”.

Conflicts of interest

The author has none to declare.

REFERENCES


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