Prevalence and severity of coronary artery disease in patients with symptomatic lower limb peripheral arterial disease

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Introduction: The presence of combined lower extremity PVD and CAD is associated with nearly doubled all-cause mortality. However diagnosis of CAD in PAD patients remains difficult because absence of symptoms due to reduced physical activity. Data regarding the coexistence of CAD in lower limb PAD patients are scarce. So, the aim of this study was to assess prevalence and severity of coronary artery disease in patients with symptomatic lower limb peripheral arterial disease.
Methods: From December 2012 to February 2015, all consecutive symptomatic lower limb PAD patients undergoing invasive peripheral and coronary angiography were included. Patients with the history of lower limb PAD intervention or surgery, coronary artery revascularization, acute limb ischemia in ≤3 months or acute myocardial infarction ≤3 months were excluded. Significant CAD was defined as ≥50% diameter stenosis in atleast one coronary artery. Severity of CAD was assessed by Gensini score.
Results: Total 151 patients were included. Mean age was 57.26 ± 9.74 years. The overall prevalence of CAD was 74.83%. Among the CAD patients, 46.4% were asymptomatic ($p < 0.001$). Also, among all CAD cases, majority of patients were having multivessel coronary artery involvement (77.87%). Diabetes and dyslipidemia were significantly associated with a higher prevalence of CAD ($p < 0.001$ for both). Though not statistically significant, multivessel CAD was more prevalent aortoiliac iliac disease in comparison to non-aortoiliac disease. the prevalence of multivessel CAD was significantly high in extensive PAD (≥3 lesions irrespective of site) in comparison to limited PAD ($p = 0.02$). Severity of CAD assessed Gensini score doesn't show significant correlation with pattern or severity of PAD.
Conclusion: Overall, there is high prevalence of CAD in patients with symptomatic lower limb PAD. About 50% of CAD are asymptomatic. Diabetes mellitus and dyslipidemia are the independent risk factor for development of CAD. PAD patients are more prone for multivessel CAD.

Percutaneous angioplasty and stenting for mesenteric ischemia

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Introduction: Mesenteric ischemia due to impaired arterial supply is an important cause of abdominal pain, especially in older patients with risk factor for vascular disease. Until recently, surgical revascularization procedures such as endarterectomy and aorto-coeliac or aortomesenteric bypass grafting were the only available treatment options for patients with mesenteric ischemia. However, reported rates of perioperative major complications and mortality are high. Percutaneous angioplasty and stenting have been shown to be effective and safe alternative to surgical revascularization.
Case report: A 40-year-old male patient presented us with history of post prandial abdominal pain, fear of eating, weight loss and nausea for two month. He was malnourished and cachexic. On examination pulse was 80 per minute, BP 110/80 mmHg. Duplex ultrasound abdomen showed the possibility of mesenteric ischemia .CT angiography was done which showed significant ostial stenosis of celiac trunk and superior mesenteric artery. He was planned for angioplasty and stenting to celiac and superior mesenteric artery.
Vascular access was taken from right brachial artery. Judkin's right 3.5 6F guiding catheter was used to access coeliac and superior mesenteric arteries. Lesion was crossed with High Torque Balanced Middle Weight (BMW). Both the ostial lesions were predialated with noncompliance balloon size 3 × 10 mm at the pressure of 10 atm. Herculink peripheral arterial stents size 7 mm × 15 mm and 6 mm × 15 mm was deployed at the pressure of 11 atm in superior mesenteric artery. Herculink peripheral arterial stents size 6 mm × 18 mm and 5 mm × 15 mm was deployed at the pressure of 11 and 14 atm, respectively. Final result was good and there was no residual stenosis and dissection. After stenting patient was stable and pain free.
Implication to clinical practice: Surgical revascularization is associated with considerable perioperative mortality (0–17%) and morbidity (15–33%). Endovascular revascularization is associated with lower in hospital mortality (0–3.7%) and morbidity (20%) as well as shorter length of hospital stay.

Honey bee sting – A mimic of acute myocardial infarction

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Acute myocardial infarction (AMI) due to honeybee sting has been extensively documented in literature. Numerous authors have discussed the relationship between honey bee sting, anaphylactic shock and myocardial infarction. Bee venoms can act in promoting acute coronary artery thrombosis via platelet aggregation and hypotension. The allergic reaction secondary to the stings trigger various inflammatory mediators and can induce acute coronary syndrome. Many studies have reported single cases of honeybee bite and their manifestations.
Herein, we report multiple cases with clinical manifestations mimicking acute myocardial infarction following honeybee sting and review the literature.

Outcome of renal artery stenting in patients with atherosclerotic renovascular disease

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Aim: To study the effect of renal artery stenting on renal function in patients with atherosclerotic renovascular disease.
Background: Renal artery stenting has been widely performed. However, little is known about its effectiveness in patients with renovascular disease. Of particular economic concern is the effect that stenting may have on subsequent renal function. Recent trials (CORAL, ASTRAL, STAR) have cast a shadow on the procedure. However, considering the limitations of the above trials, the new SCAI (August 2014) guidelines for stenting have supported the procedure. The aim of the present study is to evaluate the effect