31 GIORNATE CARDIOLOGICHE TORINESI

TURIN
October
24th-26th
2019

# New Onset Cardiogenic Shock with Left Main Disease. Clinical Case: The Solution

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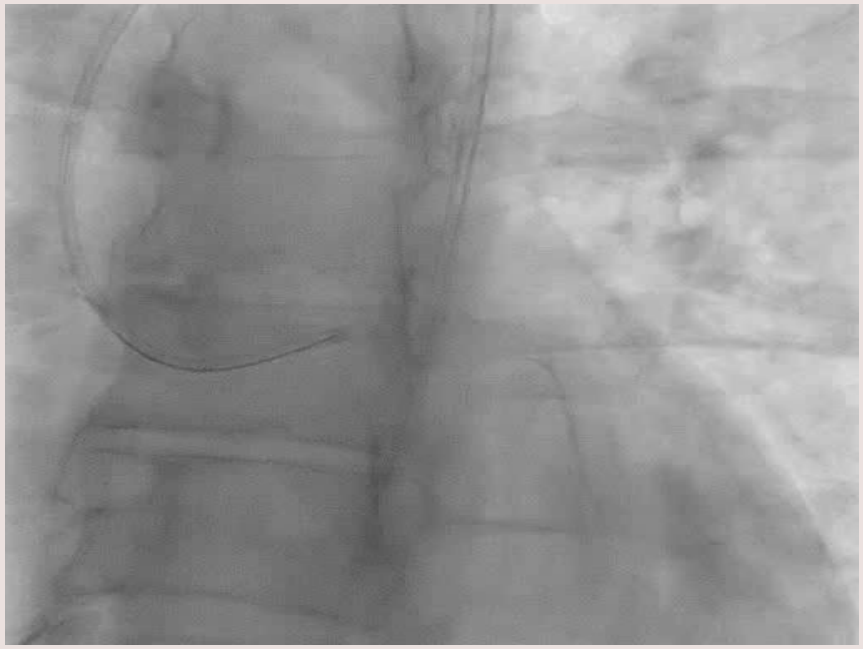
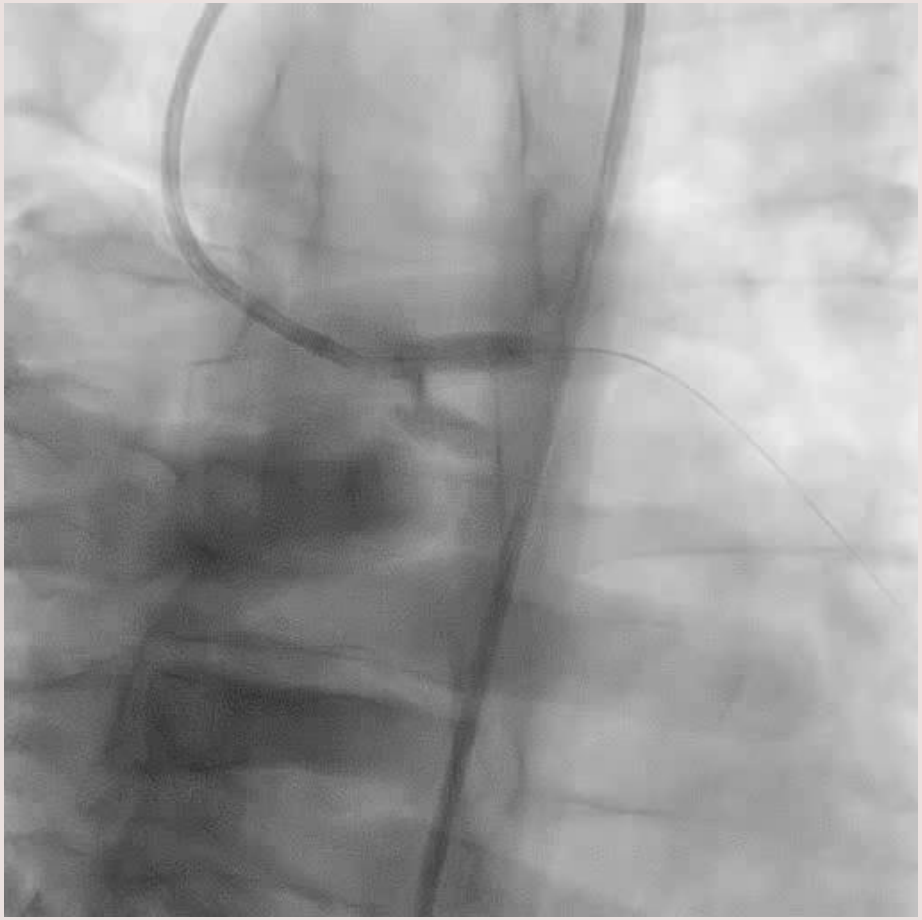
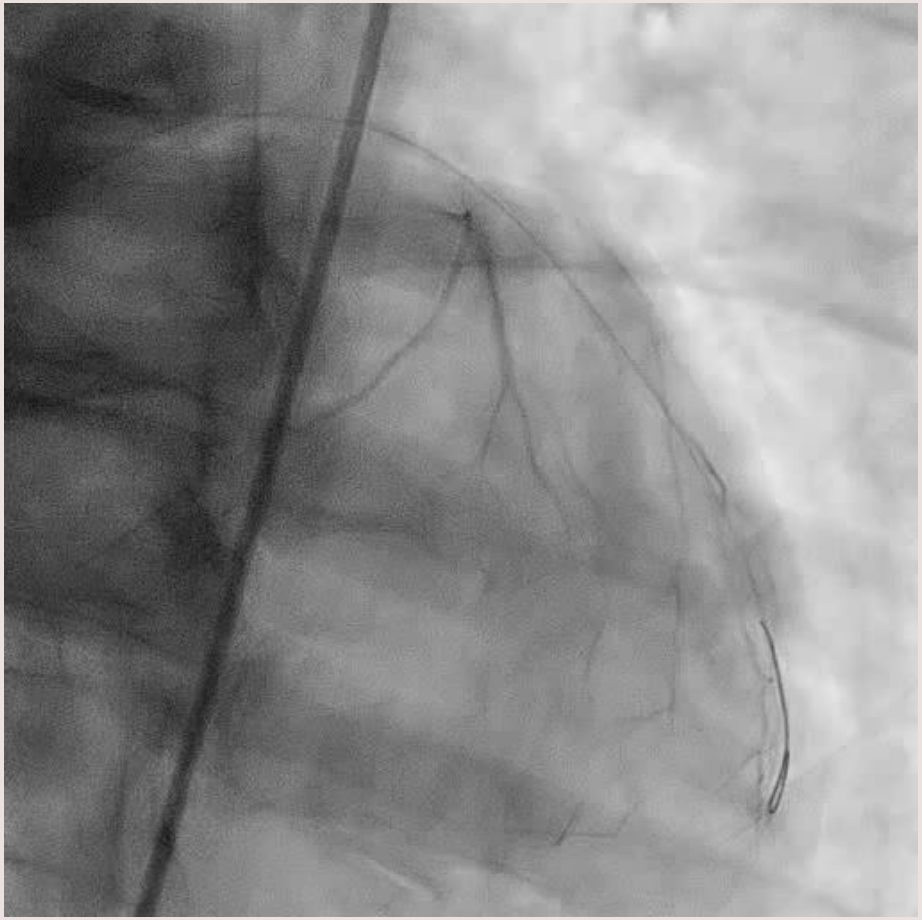


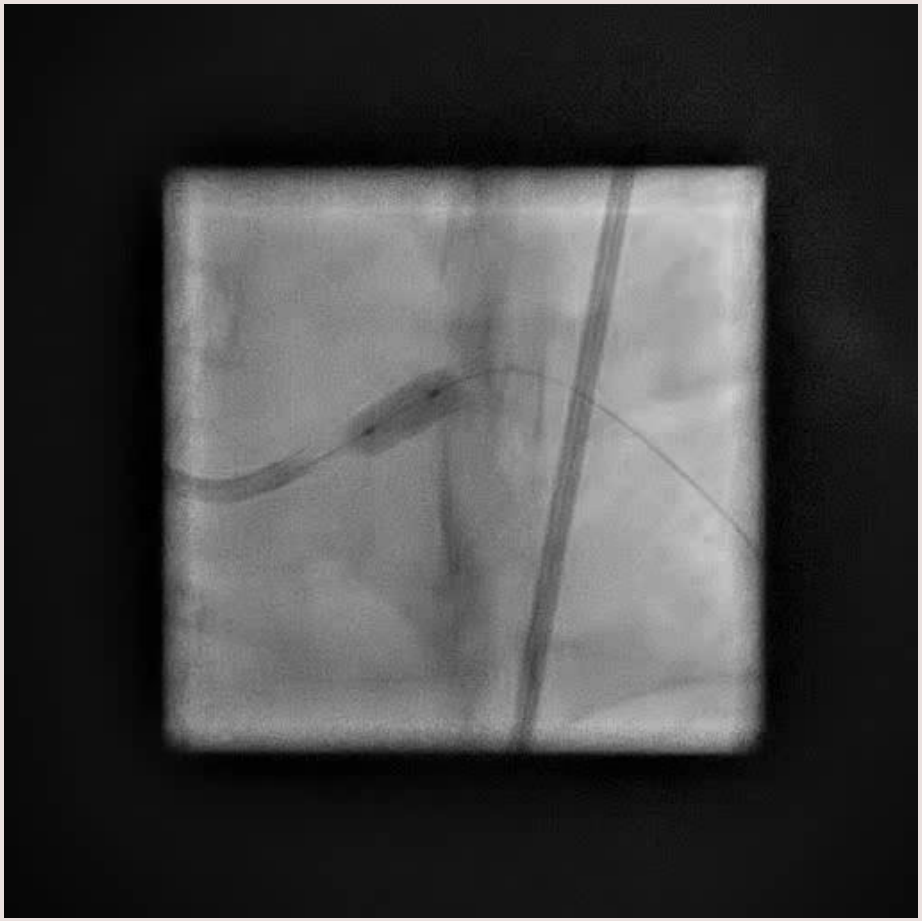




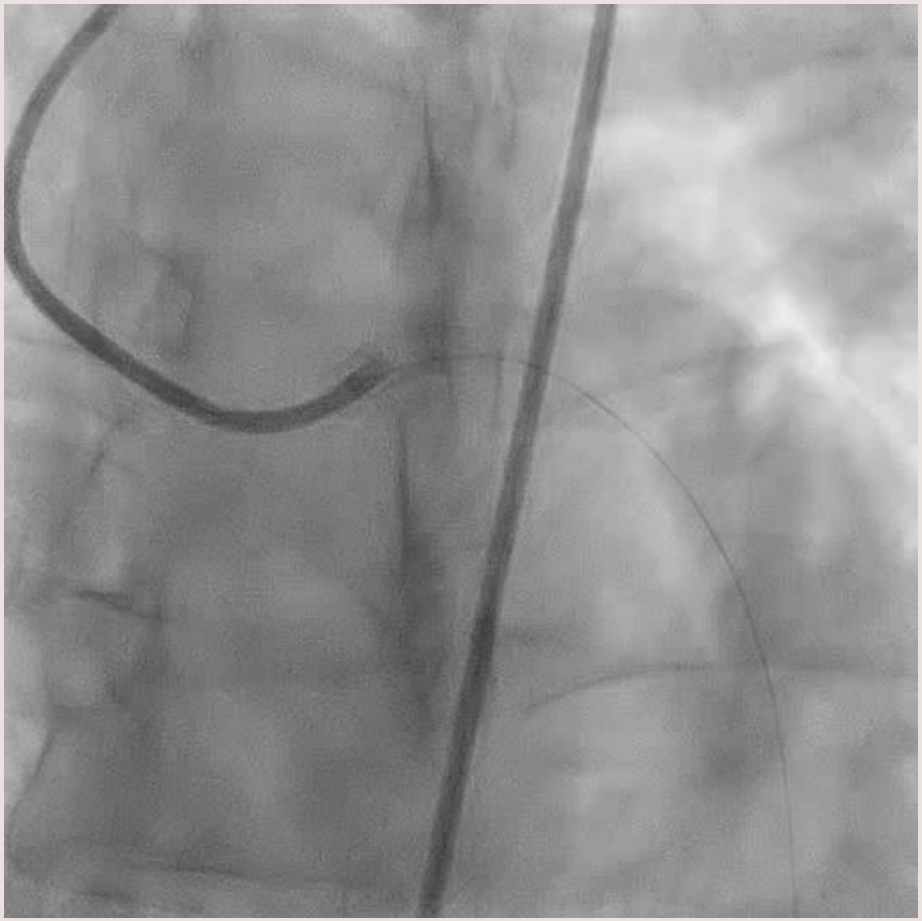


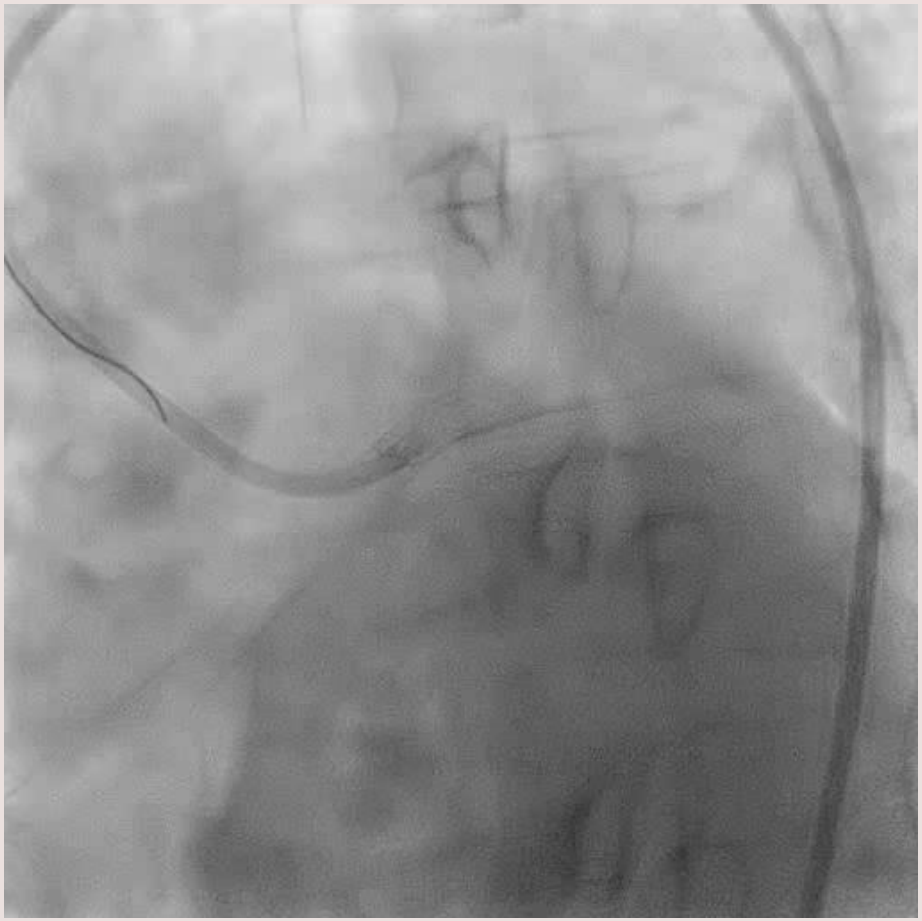




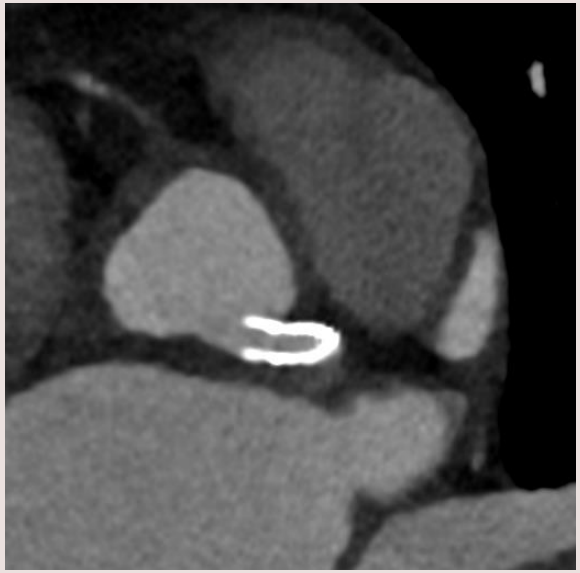


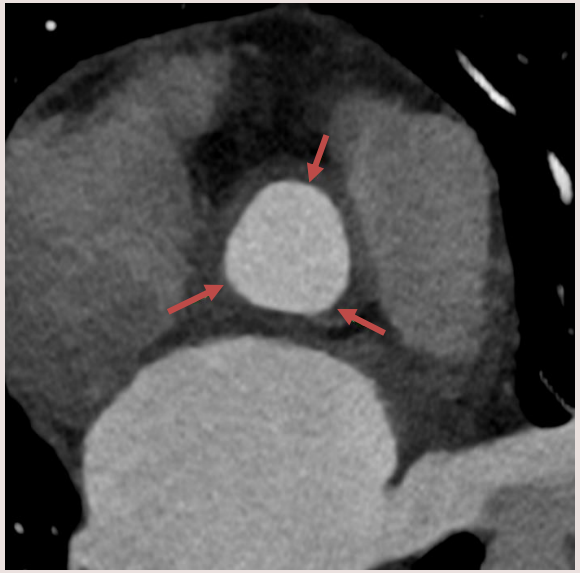






- CRP- 12 mg/dL
- Computed tomography reveals a circular wall thickening of the ascending aorta, arch and descending aorta.







# Any ideas?

# Cardiac Manifestations of Takayasu arteritis

- Takayasu arteritis (TA) is systemic inflammatory disease involving the aorta and its main branches. The initial prominent finding of TA is granulomatous inflammation in the adventitia and medial wall of the involved vessels.
- It progresses to fibrosis and causes stenosis or occlusion in the lesions. In the advanced stage, destruction of the elastic fibers in the medial wall can cause dilatation or aneurismal changes.
- Up to 25% will develop aortic regurgitation.


1. Heart Vessels Suppl 1992; 7: pp. 26-31
2. Echocardiography 2006; 23: pp. 353-360
3. Circulation 2005; 112: 3707-3712

# The Tokyo International TA Conference Classification

Type I - Branches of the aortic arch

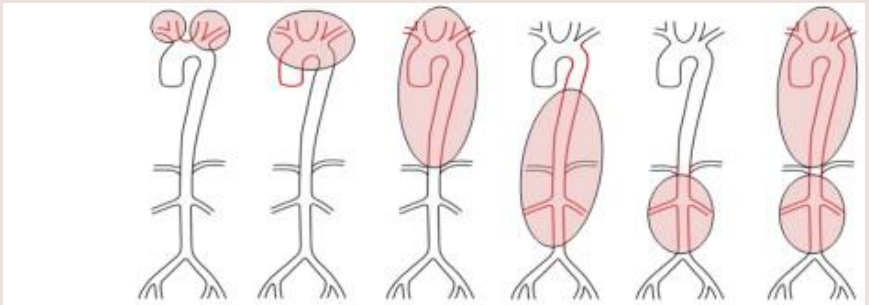
Type IIa - Ascending aorta, aortic arch, and its branches

Type IIb - Type IIa region plus thoracic descending aorta

Type III - Thoracic descending aorta, abdominal aorta, renal arteries, or a combination

Type IV - Abdominal aorta, renal arteries, or both

Type V - Entire aorta and its branches



| | I | II A | II B | III | IV | V |
|---|---|---|---|---|---|---|
| Active TA (n=139) | 13 (9.4%) | 13 (9.4%) | 23 (16.5%) | 2 (1.4%) | 7 (5.0%) | 81 (58.3%) |
| Inactive TA (n=59) | 9 (15.3%) | 4 (6.8%) | 5 (8.5%) | 6 (10.2%) | 8 (13.6%) | 27 (45.8%) |

# Coronary Artery Involvement

- Coronary angiographic and histopathologic studies have revealed coronary artery involvement in approximately 10%–30% of cases.
- It usually consists of stenosis or occlusion of the coronary ostia.
- Coronary CTA provides useful information on lesions that may occur in patients with TA.



Tex Heart Inst J. 2007; 34(4): 470–474.
Radiology. 2014; 270(1): 74-81.

# Treatment

## Medical

- Corticosteroids
- Cytotoxic agents (Methotrexate, Cyclophosphamide)
- IL-6 receptor inhibitors - Tocilizumab (Actemra)
- B-cell depletion (Rituximab)
- Anti-tumor necrosis factor agents (Etanercept, Infliximab)

## Invasive

- PCI
- CABG

# Our patient follow-up

- Pulse steroids → ACTEMRA® (tocilizumab)
- BARACLUDE ® (entecavir) for HBV
- DAPT with clopidogrel
- CRP reduced
- Completely asymptomatic
- Good ventricular function
- AVR planned for next week

# Conclusions

- A rare case of severe coronary disease in a young patient due to Takayasu Arteritis.
- A condition which should be suspected in this cohort- younger female patients.
- If possible- treat medically during active phase.
- Question of mechanical support in cases of cardiogenic shock and AR?
- When unstable- perform PCI quickly!

# Grazie Mille!

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