ORİJİNAL GÖRÜNTÜ ORIGINAL IMAGE

DOI: 10.5336/cardiosci.2020-74046

Diffuse Atheromasia Involving Three Renal Arteries and Complicated By Double Aneurysm in a Complex Patient

Karmaşık Bir Hastada Üç Renal Arteri İçeren ve Çift Anevrizma ile Komplike Olan Yaygın Ateromazi

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Keywords: Iliac aneurysm;diabetes mellitus; tomography, X-Ray computed ; plaque, atherosclerotic
Anahtar Kelimeler: İliak anevrizma, diabetes mellitus; tomografi, X-ışını bilgisayarlı; plak, aterosklerotik

Atherosclerosis is a ubiquitous disease. We saw a 72-year-old patient. He was suffering from heart disease (previously acute myocardial infarction-AMI- in 2018 treated with aortocoronary bypass). In addition, the patient was suffering from type 2 diabetes, hypertension, chronic renal failure (steady creatinine 1.6 mg/dl), severe chronic obstructive pulmonary disease-COPD- and ulcerative rectocolitis. The subject was hospitalized for the presence of worsening dyspnea, anemia (Hb 8.8 g/dl) and a pain in the lower limbs while walking. The study of the vascular component showed an important atherosclerotic pathology at the carotid level (not susceptible to surgical therapy) and at the lower limbs. There was also an association with the presence of an aortic (led to endoprosthetic surgery) and iliac aneurysm. The radiological picture justified the symptomatology presented by the patient, with an improvement of the painful symptoms. Then there was feedback at the laboratory level of an anemia (which remained of mild degree, but that could worsen peripheral hypoxygenation and therefore algic symptoms). The goal of our intervention was therefore the improvement of the autonomy of march and the class of Fontaine, and finally improvement of dyspnea. At the follow-up of the patient the control with computed tomography (CT) showed the presence of three renal arteries, two on the right and one on the left, also affected by atherothrombotic pathology, not susceptible to interventional therapy, in the absence of resistant hypertension, a thrombosis at the level of the iliac aneurysm with a presence of an aortic atherothrombosis, in the absence of complications on the endoprosthesis.[1] Atherothrombotic vascular disease is a systemic and widespread condition that involves multiple apparatuses and is aggravated by the presence of comorbidities such as hypertension and diabetes. Doctors must approach all its manifestations, both clini-

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Peer review under responsibility of Turkiye Klinikleri Cardiovascular Sciences.

Received: 04 Feb 2020 ***Received in revised form:*** 24 Aug 2020 ***Accepted:*** 25 Aug 2020 ***Available online:*** 09 Dec 2020

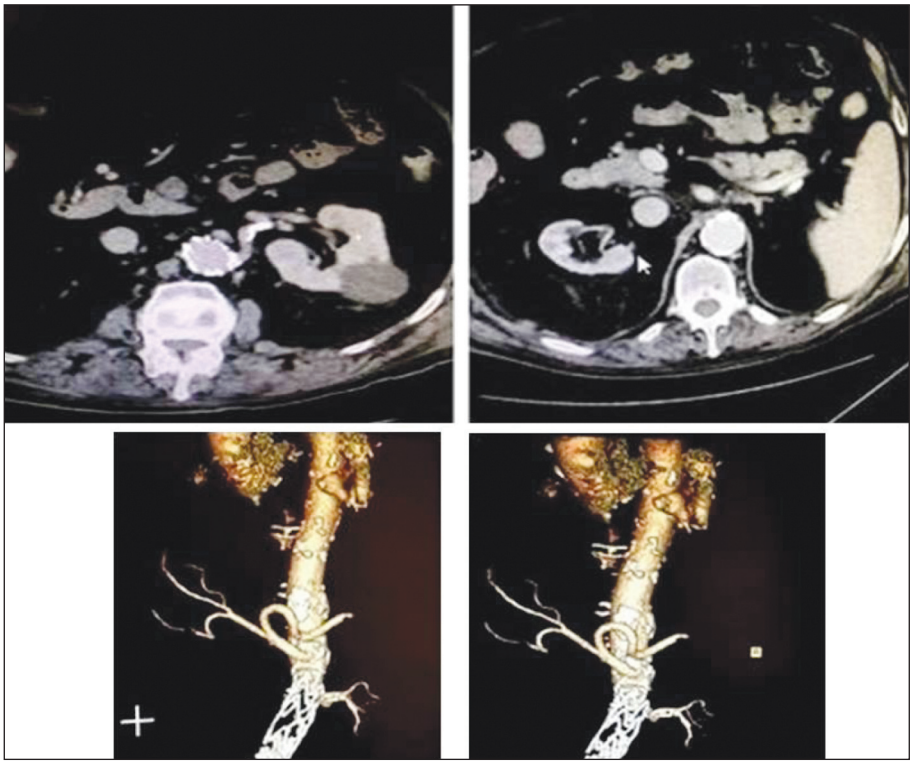

FIGURE 1A: Axial sections evaluated on computed tomography and computerized tomography images viewed in coronal section and in three-dimensional reconstruction. Ateromasia diffuse fibrocalcific aortic and (multiple) renal arteries in a diabetic patient (double left renal artery with aortic origin), with ischemic heart disease and other severe comorbidities. The figure shows a double renal artery on the right, highlighting the emergence of both the right renal arteries of fibrocalcific plaque resulting in reduction of the caliber of the most cranial artery (thickness at the emergence of about 3 mm) and occlusion of the artery lumen more caudal. Also present of fibrocalcific plaques located at the emergence of the left renal artery, but without significant stenosis.

FIGURE 1B: Axial sections evaluated on computed tomography and computerized tomography images viewed in coronal section and in three-dimensional reconstruction. Aneurysm and thrombosis of the right iliacartery.

cally symptomatic that the silent ones, like a pathological entity which affects several vascular territories. This approach will involve an appropriate risk stratification and the use of therapies aimed at reducing future events and improving quality of life for patients.[2] We think that the multi-slices CT-scan appears an optimal technique for asymptomatic patients and also on particularly complicated patients due to the coexistence of various co-morbidities both as a screening method and as a non-particularly invasive (but very accurate) approach in the stratification of thromboembolic, ischemic and hemorrhagic risk (Figure 1A, Figure 1B).

Ethical Approval

"All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards".

Source of Finance

During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.

Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: *Magro Valerio Massimo, Verrusio Walter;* ***Design:*** *Magro Valerio Massimo;* ***Control/Supervision:*** *Magro Valerio Massimo;* ***Data Collection and/or Processing:*** *Eugenio Boccalone, Abate Antonio;* ***Analysis and/or Interpretation:*** *Magro Valerio Massimo, Coppola Carla, Verrusio Walter, Lama Diana;* ***Literature Review:*** *Magro Valerio Massimo, Coppola Carla, Verrusio Walter;* ***Writing the Article:*** *Magro Valerio Massimo, Verrusio Walter, Coppola Carla;* ***Critical Review:*** *Magro Valerio Massimo, Eugenio Boccalone, Abate Antonio.*

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