Cardiology Second Opinions™ Consultation

Date:

Patient:

Discussion:

Case summary:

A 62-year-old male with a history of coronary artery disease and hypertension presented to the local cardiology clinic with 2 weeks duration chest pain on January 23, 2019, at which time he underwent a treadmill stress test that was abnormal. He was then transferred to the nearest hospital for further management.

EKG done at the hospital was reported as sinus rhythm with T wave changes in lead III.

Echocardiogram 25/1/2019 revealed LVEF 55%, moderate hypokinesis of the upper basal segment of posterior-inferior wall of the left ventricle.

Coronary angiogram on January 25, 2019 revealed proximal-mid RIVA 70-75% stenosis, Diagonal branch (DB) with 60%, mid circumflex artery with 30% stenosis. Right coronary artery and PIVA without stenosis. Patient was offered intervention/stenting to RIVA that apparently he declined per documentation.

The patient then had another echo on March 1, 2022 that showed preserved global LV systolic function with mid-anterior hypokinesis, grade 1 aortic and mitral insufficiency, no pericardial abnormalities.

It appears that patient started having anginal symptoms in January 2019 and was offered stenting after an abnormal stress test, but not pursued by patient. It is unclear from the available records whether he continued to have anginal symptoms. The records from March 2022 appear to suggest he had chest symptoms that improved with medical management, and he was discharged home.

No recent records from 2023 indicating worsening symptoms that would warrant coronary intervention is available to review. However, it is likely patient was having worsening anginal symptoms given he was offered coronary stenting per question posed by his child.

Recommendations:

The main indications for coronary stenting are to improve symptoms of coronary artery disease, such as chest

pain (angina), shortness of breath and/or fatigue, to treat patients with acute coronary syndrome/heart attack and high risk coronary blockages as noted on angiogram.

If your father is having worsening chest pain symptoms, he may benefit from stenting. If symptoms are chronic and not debilitating, optimizing medical management may be attempted first prior to coronary intervention. Stenting may be pursued if patient continues to having chest pain despite being on maximal treatment with medications.

Answers to patient`s questions:

As discussed above, if the patient is having worsening chest pain symptoms, he may benefit from coronary stenting. The left heart catheterization/angiogram data we have is from 1/2019 and his disease may have progressed over time that may need to treated with stents or bypass.

In a good cardiac care center with an experienced cardiology team, coronary angiogram is not considered a high-risk procedure, usually, less than 1% risk. However, there are some risks associated with the procedure, such as allergic reaction to the contrast dye used during the procedure including bleeding from the insertion site, heart attack or stroke, kidney damage and infection. The risk of complications is higher in patients with certain medical conditions, such as diabetes, kidney disease, and peripheral artery disease.

References:

https://www.uptodate.com/contents/angina-treatment-medical-versus-interventional-therapy-beyond-the-basics?search=benefits%20of%20coronary%20stenting&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1

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