UNEXPECTED VASCULAR RESPONSE DURING ANGIOPLASTY IN YOUNG FEMALE WITH LUPUS PERIPHERAL ARTERY DISEASE

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Disclosure

Speaker name:
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I have the following potential conflicts of interest to report:

- [ ] Consulting
- [ ] Employment in industry
- [ ] Stockholder of a healthcare company
- [ ] Owner of a healthcare company
- [ ] Other(s)

- [X] I do not have any potential conflict of interest
MEDICAL HISTORY

4 weeks before admission
- 14 yo female complained of rash on face, headache, photophobia
- Intermittent claudication
- DS DNA (+), ANA (+), ribosomal p protein (+) CRP 1.6
- Confirmed Systemic Lupus Erythematosus

3 weeks before admission
- Rash resolved, no photophobia Pale-going blue and
- Paresthesia of left foot big toe

On Admission
- Chief Complain: black discoloration
- Pain at rest
- On steroid therapy
Physical Examination

- Vital sign within normal limit. No Fever.
- Heart, Lungs, Abdominal examination: unremarkable

Local examination on left toe: black discoloration, low pulsation, localized tenderness (+), sensation (+), motoric (+)

F III, R IV-5
DOCUMENTED MED RECORD

• ECHO:
  • Normal Cardiac chambers and function
  • Normal Valves
  • No Pericardial Effusion

• Angiography 3D with Contrast:
  From another hospital
  • Near Total occlusion on left popliteal artery
  • (common among the rare)
  • Low arterial flow on distal

Should we perform arteriography?

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Long sheath 6 Fr Fortress
GC JR 4/6Fr
SHOULD WE INTERVENE?

NO

Amputation?

Bypass?
Weak distal flow
CRP still high

YES

Rest Pain
On Steroid
Quick action

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3 weeks already
Could we pass through?
Armada OTW Balloon 5.0/150/135
8 atm
12 atm
What would we do next?

A. Another dilatation  
B. Stop Procedure  
C. vasodilator  
D. Put a stent  
E....
One more dilatation should be OK
RIGHT ?
Dilatation one more time

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What we do next?

A. Stent/ DEB  
B. Direct thrombolitic  
C. NTG injection  
D. Leave it  
E. ...

2. El Sayed MDCVJ 2013
We decide to stop...
**MED’s**
- Cilostazol 2 x 50 mg
- Clopidogrel 1 x 75 mg
- Atorvastatin 1 x 20 mg

- No resting pain → discharged 3 day after procedure

**Plan:**
- surgery and rheumatology consultation
- Clinical Evaluation
Digiti 1 Pedis sinistra (on admission)

Digiti 1 Pedis sinistra (1 week later – Follow up)
after debridement
6 weeks later
TAKE HOME MESSAGE

• VERY RARE means it COULD BE HAPPEN
• CLINICAL SCREENING – careful history taking
• PERSONALIZED MANAGEMENT
• MULTIDISCIPLINE COLLABORATION
On Admission - > 6 Weeks after → 3 months
ONE YEAR AFTER ADMISSION
LEARNING POINTS

• CONTROL SLE – minimize inflammation, Recoil and dissection during POBA

• FLOW is our Priority when the inflammation is still high

• Dilate carefully, smaller balloon if in doubt and avoid multiple dilatation, make sure pts on steroid therapy & Check CRP

Katsanos et al, J Endovasc T 2016
LAST BUT NOT LEAST

- Wound Care
- Patients’ Compliance for steroids
- Suggestion to keep walking
- Multidiscipline collaboration!
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