18. MULTIVASCULAR ATHEROSCLEROSIS IN CASE OF CORONARY ARTERIES BYPASS GRAFTING

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Introduction. Atherotic vascular disease is the leading cause of death and disability in Lithuania. Coronary, carotid and leg arteries are the most often affected vessels. Multiple disease locations increase the risk of cardiovascular events as well as mortality compared with patients having multiple risk factors only. Peripheral arterial disease patients being those with the highest cardiovascular mortality rate. This case report presents a relatively young man who was diagnosed with excessive atherosclerosis of coronary, carotid and peripheral arteries.

Case statement. A 61 year old male patient was admitted to Kaunas Clinics Cardiology department because of stable angina pectoris. The patient had a previous history of intermittent claudication, arterial hypertension, deep vein thrombosis, pneumonia, COVID-19 and smoking. An ultrasonography showed lowered left ventricle ejection fraction. Coronary angiography revealed multiple stenoses in the coronary arteries requiring coronary artery bypass surgery. Bilateral lower limb angiography revealed complete occlusion of the left iliac and right inguinal arteries. Ultrasonography of the neck showed total occlusion of both internal carotid arteries with very good extra/intra collaterals through ophthalmic arteries. Both vertebral arteries were compensatory dilated without stenosis. A decision was made to perform coronary artery bypass surgery with postponing of lower limb revascularisation. During the first postoperative day an urgent right endarterectomy and arterioplasty of the right femoral artery due to acute right lower limb was performed. After the surgery reperfusion syndrome was observed in the right calf and urgent reconstructive surgery using axillofemoral shunt was done. The surgery was successful, however, the patient's condition deteriorated. The postoperative course was complicated by cardiogenic shock, renal failure, metabolic disorders, and ischaemia of lower limbs. The patient died of multiorgan dysfunction syndrome 4 days after the initial cardiac revascularization surgery.

Discussions. Severe atherosclerotic vascular disease has been identified as an independent risk factor for high postoperative mortality in patients undergoing coronary artery bypass surgery. Moreover, life expectancy is substantially reduced in patients with more than one atherothrombotic event and peripheral arterial disease.

Conclusion. This case report highlights a case of outspread atherosclerosis and coronary artery bypass surgery which resulted in a fatal outcome.