

Coronary blood theft syndrome of the subkey artery

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Atherosclerosis is the most common cause leading to the development of a blood theft syndrome of the subkey artery in which the stenosis or occlusion of the subkey artery occurs¹. A special form of subclavian artery blood theft syndrome coronary blood theft syndrome of the subclavian steal syndrome. The syndrome is characterized by "theft" of the coronary circulation, which bypass a part of the myocardium and affects the upper part of the circulation of the ipsilateral limb, and most often occurs with severe stenosis ($\geq 75\%$) or left subroutine occlusion, and the use of the left adrenal mammary artery for the heart bypass.

The aim of this study is to provide data on coronary blood theft syndrome of the subkey artery and to link some of the characteristic symptoms with the confirmation of the disease as well as the treatment. By physical examination we found differences in brachial systolic pressures of both arms (> 15 mmHg), chest pain, decrease in pulse amplitude, vertebral and subkey artery forests, change in skin of arms and nails in the form of discoloration. Noninvasive methods were used for the final confirmation of the diagnosis: Doppler, duplex ultrasonography, CT angiography. In patients we have chosen endovascular treatment with stent setting. Selection of endovascular treatment with stent setting resulted in lower hospitalization and faster recovery of patients. Since I have not found standardized guidelines for post treatment monitoring, we use once agreed guidelines in which we control the patient for 3 to 6 months in the first year, and then year thereafter. At each angiological control visit, blood pressure should be checked in both arms and hand plethysmography should be performed. The drop in pressure on the operated side as well as the reduction of the results of the tiltismmographic curves on the hands may be a sign that recurring stenosis is starting to develop. Annual neurological controls are recommended. The patient with an endovascular approach should be treated with aspirin for life and clopidogrel for 6-12 months.

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LITERATURE

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