

ST-elevation acute coronary syndrome with thrombotic occlusion of the proximal segment of the circumflex artery in a patient with antiphospholipid syndrome: successful drug-coated balloon implantation

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Introduction: Antiphospholipid syndrome is an autoimmune coagulation disorder that is manifests clinically as recurrent venous or arterial thrombosis. In some case thrombocytopenia can be the only manifestation of the syndrome.¹⁻³

Case report: We present a 43-year-old patient with previously known antiphospholipid syndrome who was admitted to the Coronary Care Unit due to acute myocardial infarction with ST-elevation of the posterolateral location (STEMI). An emergency coronary angiography was performed, which showed thrombotic occlusion of the proximal segment of the circumflex artery. A primary percutaneous coronary intervention was performed, and the target lesion was treated with drug coated balloon (DCB)-Sequent Please Neo 3.0x20 mm. In the control angiography, there is no narrowing. There is a normal TIMI grade 3 flow without any residual thrombus. In the literature, results after treatment of ST-elevation acute coronary syndrome in patients with antiphospholipid syndrome are variable. When PCI is used for STEMI in patient with antiphospholipid syndrome, DCB therapy (although not mentioned in current guidelines) is safe and effective and has shown good clinical effects during a one-year follow-up period. Dual antiplatelet therapy (clopidogrel + aspirin) was started along with warfarin with a target INR >2 (The indication for anticoagulant therapy is the previously known antiphospholipid syndrome). After achieving target INR values, he was discharged and referred to rheumatology and cardiology outpatient clinics for further follow-up. For patients experiencing an acute myocardial infarction of thrombophilic genesis, using thromboaspiration, antiplatelet and anticoagulant medications, as well as applying drug-coated balloons (DCB), can help avoid the placement of a stent and all the complications associated with it. The BASKET SMALL 2 trial has described how this method can provide optimal results.

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LITERATURE

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