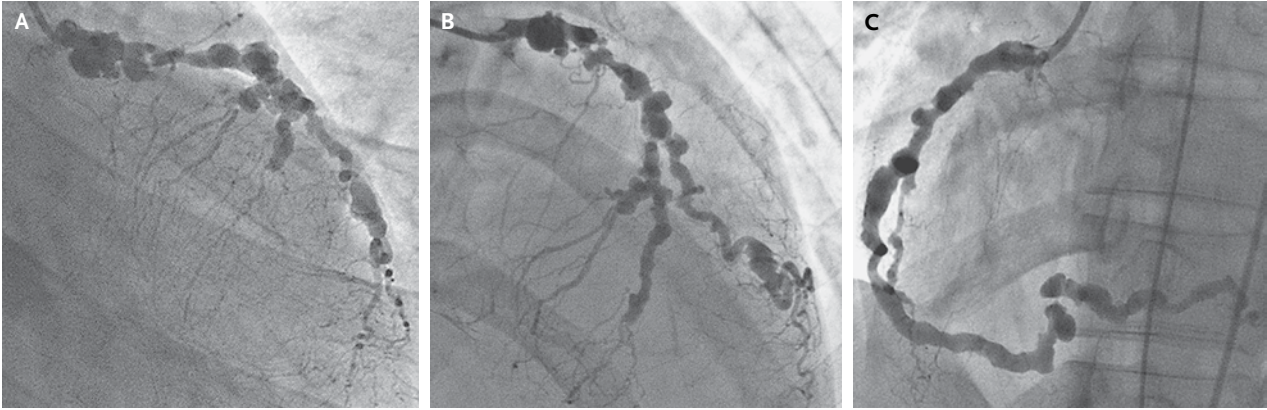


IMAGES IN CLINICAL MEDICINE

Coronary Arteritis



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A 25-YEAR-OLD WOMAN WHO HAD JUST UNDERGONE CARDIAC ARREST due to ventricular fibrillation was brought to the hospital and admitted and was thereafter successfully resuscitated and cooled. Initially, no additional history could be obtained. Serial electrocardiography revealed marked anterolateral ST-segment depressions. Findings on coronary angiography were consistent with severe generalized coronary arteritis (Panels A, B, and C). Her coronary disease was deemed unamenable to intervention. Her history revealed that she had been given a diagnosis of polyarteritis nodosa 3 years earlier and was receiving prednisolone maintenance therapy. Previous angiography had shown extensive coronary artery involvement but only minor left ventricular dysfunction. The current images showed significant progression of angiographic disease, including new critical stenoses of the proximal left anterior descending artery and the posterior left ventricular branch. Although severe cardiac involvement in polyarteritis nodosa is unusual, it can result in myocardial infarction and confers a poorer prognosis. Soon after the patient was treated at the hospital, recurrent pulmonary edema developed as a result of severe mitral regurgitation and left ventricular dysfunction. Given the extensive extracardiac disease, she was not a candidate for cardiac transplantation. Azathioprine was added to her treatment with prednisolone, but the patient died within several months.

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