

## A long journey of treatment of “diffuse” atherosclerotic disease

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**Background:** As peripheral artery disease shares the common cardiovascular risk factors with coronary artery disease, atherosclerotic change can occur in more than one arterial bed. This “diffuse” characteristic has been underestimated, since atherosclerosis was focused mainly on coronary arteries. Therefore, our case report attempts to broaden the understanding of atherosclerosis, by presenting a patient’s case of coronary artery disease, combined with peripheral artery disease.

**Case report:** An 81-year-old male with a history of hypertension, type 2 diabetes, hyperlipidemia, and CKD stage 4 presented with the initial diagnostic impression of ST-elevation myocardial infarction (STEMI). Coronary angiography revealed near total occlusion in proximal left anterior descending artery (p-LAD), total occlusion in proximal right coronary artery, and significant stenosis in left distal main stem. Successful percutaneous coronary intervention for p-LAD was performed. Meanwhile, this patient also had a claudication in Rt. Leg, which led to immeasurable state of ankle-brachial index. CT angiography of the lower extremity identified severe stenosis at the right internal iliac artery. Through the second coronary angiography, percutaneous coronary intervention for the main stem was performed. Since the patient’s renal function was not enough to perform additional intervention, revascularization for the right internal iliac artery was performed after 6-months. About 24-hours later the intervention, 2cm sized pseudoaneurysm was developed. After stent graft insertion in right superficial femoral artery via coronary angiography, a final angiography revealed complete sealing of the pseudoaneurysm. At 5-month follow-up, the patient was doing well, without any signs of recurred pseudoaneurysm.

**Conclusion:** Our case suggests that occlusion of Lt. coronary artery and Rt. Internal iliac artery are associated in terms of diffuse atherosclerotic involvement. Given that peripheral artery disease shares the pathophysiologic characteristics of coronary artery disease, atherosclerotic disease is a systemic disease which involves more than one arterial bed.

