ABSTRACT

Acute coronary syndrome (ACS) is an increasing clinical diagnosis in daily practice. ACS is a life-threatening condition with high mortality rate if left untreated. The better-known risk factors for ACS are dyslipidemia, diabetes mellitus, hypertension, and coronary vasospasm. coronary vasculitis is the least appreciated cause of ACS that is subject to neglect among clinicians.

Coronary vasculitis (CV) may occur as a single organ vasculitis (SOV) or in the context of specific systemic vasculitides. CV may be the initial presentation of specific systemic vasculitis. Current concept indicates the “worst prognosis” in myocardial infarction associated with elevated acute phase reactants, while these could be the critical point in missed-diagnosis of occult coronary vasculitis as classic cases with atherosclerosis of coronary vessels as the culprit mechanism. We suppose that if elevated CRP/ESR be due to inflammatory process within the vessel wall, then a classic approach of anticoagulants, thrombolytic therapy or primary coronary angioplasty paradoxically could be dangerous, and, vice versa, different look with using glucocorticoids could be lifesaving, the medication that later on proved that can improve prognosis in ACS and MI. So, with increasing prevalence of acute coronary syndromes in younger people, the possibility of underestimating coronary vasculitis is potentiated and emphasizing only on classic and common risk factors of ACS is not prudent.

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changes suggestive of chronic inflammation in vessel walls. This is especially true in respect to large vessel vasculitis that the only abnormality could be persistent ESR elevation or positive FDG-PET imaging (so-called silent or occult temporal arteritis)[11,12]. On the other hand, increased CRP titers or ESR elevation are routinely considered as prognostic factor and a parallel finding in acute myocardial infarction (MI) and unfortunately these very important clues are easily overlooked by clinicians in routine practice[13,14]. Current concept indicates the “worse prognosis” in myocardial infarction associated with elevated acute phase reactants, while these could be the critical point in missed-diagnosis of occult coronary vasculitis as classic cases with atherosclerosis of coronary vessels as the culprit mechanism. Because the treatment modalities are quite different in approach to MI based on the underlying mechanism. We suppose that if elevated CRP/ESR be due to inflammatory process within the vessel wall, then a classic approach of anticoagulants, thrombolytic therapy or primary coronary angioplasty paradoxically could be dangerous[15] and, vice versa, different look with using glucocorticoids could be lifesaving, the medication that later on proved that can improve prognosis in ACS and MI[16,17].

CONCLUSION

With increasing prevalence of acute coronary syndromes in younger people, the possibility of underestimating coronary vasculitis is potentiated and emphasizing on classic and common risk factors of ACS is not the case[18].

CONFLICT OF INTERESTS

There are no conflicts of interest with regard to the present study.

REFERENCES