

Treatment challenges in a very high-risk diabetic patient with coronary artery disease

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We present 58-year woman with T2 diabetes mellitus and multiple cardiovascular risk factors who was admitted to our clinic due to unstable angina. Coronary angiography revealed bifurcation lesion of medial left anterior descending coronary artery (LAD) with 90% stenosis and first diagonal branch (D1) with a vessel diameter of 2 mm, and percutaneous coronary intervention (PCI) with implantation of one drug eluting stent (DES) in medial LAD was performed. During the follow-up optimal blood pressure control was achieved with combination of antihypertensive drugs and poor glycaemic control was managed with adding empagliflozin to metformin. Trimetazidine was initiated as a second-line treatment to reduce angina symptoms. Repeated coronary angiography due to angina one year later showed patent stent in mid LAD, but gracile periphery of LAD and D1 branch, not suitable for PCI. Optimal medical treatment was indicated. Lifestyle changes were also recommended. Ezetimibe was added to statin therapy due to high levels of LDL cholesterol. Further multifactorial approach and tighter control of risk factors is needed in order to prevent other vascular complications in this patient.

Key words: diabetes mellitus, acute coronary syndrome, unstable angina, risk assessment, cardiovascular risk factors