TRIPLE VESSEL DISEASE IN A 34-YEAR-OLD WOMAN WITH SLE

BACKGROUND:
Premature atherosclerosis is a major cause of death in patients with SLE. Risk of CAD and MI is higher in patients with SLE than in general population especially in young and middle-aged women, for whom the background rate of CAD outcomes is very low.

As evident by previous studies, traditional risk factors do not fully account for the increased atherosclerosis in patients with lupus. As a result, Framingham-based models do not adequately predict the likelihood of CHD for young patients with SLE.

CASE PRESENTATION:
A 34-year-old female with a history of hypertension, hyperlipidemia, family history of early MI, active SLE presented with intermittent severe substernal tightness associated with nausea and vomiting for 2 hours. Her EKG was showing sinus rhythm with nonspecific T wave changes. Troponin elevation was noted with a flat trend and peaked at 4.48 ng/ml. ECHO showed normal heart function.

Her TIMI score was 3. Patient was treated symptomatically. Nuclear stress test after 3 days showed a large, fixed myocardial perfusion defect of the mid-inferior, inferolateral, and inferoseptal wall with regional wall motion abnormalities. Cardiac catheterization revealed diffuse 70% stenosis in proximal and mid LAD, hazy 90% stenosis in proximal and distal LCX, 99% stenosis in mid-RCA. The patient was started on a heparin drip and urgently transferred for a cardiothoracic surgical evaluation and treatment.

Finally, patient was considered not a candidate for CABG. RCA and LAD was revascularized with drug-eluting stents. She was treated with dual antiplatelet therapy and high-intensity statins. Per the rheumatologist's recommendation, SLE treatment was intensified.

CONCLUSIONS:
1. SLE should be considered as an additional risk factor for ACS in a young patient presenting with chest pain.
2. A tight control of classic risk factors is beneficial for patients with SLE of all ages.