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Current status of Aorto-arteritis with special reference to intervention

Aim: Aim of this study is to demonstrate angioplasty with or without stenting is the only sort of treatment which can save the life of the patients in addition to medical therapy with the largest experience of the world.

Methods & Results: Aortoarteritis is a chronic inflammatory disease in aorta and its branches which is prevalent worldwide. It's a single center study conducted from the year 1978 to 2012 at IPGMER, West Bengal, India. We have reported the largest series of around 750 cases of non-specific aortoarteritis. The male female ratio was 1:6.4, and the pattern of involvement were like type I 16%, type II 8%, type III 76%, type IV 36% and type V 10%. Angioplasty done in these cases showed involvement of aortic arch, thoracic and abdominal aorta, renal artery, carotid artery, pulmonary artery, coronary artery, aortic valve (regurgitation). 274 angioplasty were done in these cases. Carotid angioplasty was attempted in 40 lesions in 36 patients with 705 success rate. One patient had major embolic event, three patients had TIA. Angiographic restenosis of carotid was seen in seven cases (17.5%). Subclavian angioplasty was attempted in 64 lesions in 58 patients. Stenting was done in 14 cases; aortic balloon angioplasty was done in 58 patients in 52 patients with stenting in 12 lesions. Success rate was 58%, restenosis rate was as follows: thoracic aorta 25%, abdominal aorta 38% and 120 renal angioplasty with stenting in 96 lesions was done. Restenosis rate was 18%. Incidence of coronary artery involvement was 10% in our series. Ostial and proximal left main stem as well as RCA involvement were observed. PTCA with cutting balloon followed by DES (LMCA and Proximal LAD 10 cases, RCA 5 cases) were done. Restenosis happened in three cases in five years.

Conclusions: Aortoarteritis carries substantial morbidity and mortality. Medical therapy is not very effective. Angioplasty procedure showed symptomatic improvement and prevent complications, failed angioplasty implicated high mortality.

Biography

Manotosh Panja is the Chief Adviser in Medical Education and Senior Interventional Cardiologist at B M Birla Heart Research Centre. He is Director of Interventional Cardiology at Belle Vue Clinic. Formerly, he was Director, Professor and Head of Cardiology Division at S S K M Hospital and Institute of Post Graduate Medicine Education & Research. He was Dean of Indian College of Physician (2012-2013). He was also President of Cardiology Society of India (1995-1996) and Association of Physician of India (2003-2004). He is a Fellow of American College of Cardiology. He has Published 270 papers. He is also a recipient of Dr. B C RAY National Award by Medical Council of India, presented by President of India. He is an Examiner of DM (Cardiology) and D N B Cardiology, AIMS (Delhi), PGI (Chandigarh) and all other universities of India.

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