**Alekperov E.Z.** **A case of infective endocarditis after coronary stenting in myocardial infarction patients**

International Heart and Vascular Disease Journal. 2014; 2: 35-38

Summary

A clinical analysis was conducted of a patient who developed infective endocarditis after percutaneous coronary intervention with stenting of the right coronary artery. Despite a large amount of vegetation on the aortic valve (23 mm), it underwent a complete regression within 22 days. In addition, an interesting fact was the absence of prior aortic valve lesions, suggesting iatrogenic aortic insufficiency developed in this patient, and infective endocarditis.

Keywords

Coronary artery stenting, infective endocarditis, aortic valve.

**Druk I.V., Nechaeva G.I. Valvular lesions in connective tissue dysplasia: characteristic clinical manifestations, the prognosis of the course**

International Heart and Vascular Disease Journal. 2015; 8: 28-34

**Summary**

**Objective**

To conduct a prospective study of young patients with undifferentiated form of connective tissue dysplasia (CTD) and analyze their valve syndrome course.

**Materials and methods**

Five hundred forty nine (549) patients aged 18-45 years (men = 330, 60.11%; women = 219, 39.89%) were enrolled in the study. They all had symptoms of CTD. Valve syndrome was indicated in 281 patients (51.18%; 95% CI 46.91-55.43) combined with arrhythmic (71.89%) and vascular (63.35%) CTD syndromes.

**Results**

Subjective status of patients with valve syndrome was characterized by numerous cardiovascular and other, less informative adverse effects.

The severity of CTD predicted valve syndrome formation. Low tolerance to physical activity and subsequent forma-tion of dystonic reactions and left ventricle diastolic dysfunction were revealed more often among patients with valve syndrome. Valve syndrome progression was revealed in 2.85% of cases (8/281), average age of progression detection – 27.13±3.94 years. Arachnodactyly, combined valve pathology, bicuspid mitral valve prolapse, valve myxo-matous degeneration were found more often among patients with severe form of valve syndrome and CTD.

**Conclusion**

Valve syndrome was revealed in 51% of young patients with undifferentiated CTD and is often combined with con-genital subvalvular anomalies, arrhythmic and vascular CTD disorders. Valve syndrome is characterized with di-verse and nonspecific complaints. It’s associated with greater CTD severity, exerts regular influence on formation of left ventricle diastolic dysfunction and maladaptive reactions to physical activity. Combined valve pathology, bicuspid mitral valve prolapse, mitral valve myxomatous degeneration and arachnodactyly are predictors of progressive form of valve syndrome.

**Keywords**

Connective tissue dysplasia, valve syndrome, course of disease

**Rajapriya Manickam, Ravi Manglani, Lisa Paul, Wilbert S. Aronow. Extracorporeal Membrane Oxygenation in Respiratory Diseases in Adults**

International Heart and Vascular Disease Journal. 2016; 10: 8-17

**Abstract**

Extracorporeal membrane oxygenation (ECMO) was first used in adults in 1972 in a young patient with posttraumatic acute respiratory distress syndrome (ARDS). The technology is derived from the cardiopulmonarybypass machine used for cardiac surgery, modified for a longer-term support of respiratory and/or cardiac function. There are two major types of support that may be provided with ECMO, veno-venous ECMO (VV-ECMO) andveno-arterial ECMO (VA-ECMO). The former is used in patients with good cardiac function, in an effort to supportlung function, while the latter is used in patients with poor cardiac function, in an effort to support the failingheart. Significant advances continue to be made in the field of extracorporeal life support (ECLS) and the modality promises to supplement the management options available for the niche role in management of patients withsevere cardiac and respiratory disease. In this review, we discuss the latest developments and usage of ECMO inrespiratory diseases in adults.

**Key words**

Extracorporeal membrane oxygenation, respiratory diseases, adults

**Rokas Serpytis, Linas Svetikas, Emilija Navickaite, Aurelija Navickaite, Ligita Jancioriene, Birutė Petrauskiene, Pranas Serpytis, Aleksandras Laucevicius Acute Myopericarditis secondary to campylobacter jejuni enterocolitis.**

International Heart and Vascular Disease Journal. 2016; 12: 51-56

**Summary**

Myo(peri)carditis is a rare condition that can mimic an acute coronary syndrome. Infective myocarditis is mostcommonly due to viral infections while bacterial etiology is extremely rare. There are only a few case reports ofCampylobacter jejuniassociated myocarditis. We present a case of previously healthy young adult male who developed myopericarditis shortly after infectious gastroenteritis caused by Campylobacter jejuni. To our knowledgethis is the first reported case of Campylobacter jejuni myopericarditis in Lithuania.

**Keywords**

Campylobacter, enterocolitis, myocarditis

**Grigorenko E.A., Mitkovskaya N.P., Rummo O.O. Systemic embolism risk factors in kidney transplant recipients during long-term post-operative period.**

International Heart and Vascular Disease Journal. 2017; 13: 23-27

**Summary**

**Objective.** To assess systemic embolism risk factors in kidney transplant recipients, who manifested atrial fibrillation inlong-term post-operative period.

**Materials and methods.** A prospective cohort study of 175 kidney transplant recipients was carried out in the Republican Scientific andPractical Center of Organ and Tissue Transplantation of the healthcare institution «9 thmunicipal clinical hospital». The risk stratification of ischemic stroke and systemic embolism development was performed using theCHA2DS2VAScscore.

**Results.** It was found out that the occurrence of risk factors of thromboembolic complications was high in kidney transplantrecipients who had atrial fibrillation in long-term post-operative period; it required indirect anticoagulants prescription in addition to a combined immunosuppressive therapy in 62% of cases.

**Conclusion.** Warfarin prescription in this category of patients was not accompanied with increased frequency of severe hemorrhagic complications in comparison with general population during 3 years of observation.

**Key words**

Organ transplant recipients, systemic embolism, atrial fibrillation, anticoagulant therapy

**Wilbert S. Aronow, Avi Levine, Pratik Mondal, Srikanth Yandrapalli, Kartik Dhaduk.**

**Eosinophilic myocarditis: A case report of idiopathic eosinophilic myocarditis.**

International Heart and Vascular Disease Journal. 2019; 22: 35-40

**Summary.** Eosinophilic myocarditis (EM) is associated with syndromes that involve hypereosinophilic exposure to the heart. We describe an interesting case of idiopathic EM. A 51year old man presented with fever, dyspnea, intermittent chest discomfort and weight gain for 6–8 weeks. Physical examination was notable for jugular ve- nous distension, bilateral bibasilar rales, 3+ pitting edema of the lower extremities, and tachycardia. Chest X-ray showed bilateral infiltrates. Inflammatory markers were elevated in his peripheral blood, including C-reactive protein and erythrocyte sedimentation rate. He had mild leukocytosis and eosinophilia. Transthoracic echocardio- gram revealed low normal ejection fraction. The overall clinical picture was consistent with heart failure (HF) and he was given intravenous diuretics. He underwent endomyocardial biopsy which revealed diffuse interstitial in- flammatory infiltrates, predominately eosinophils with non-caseating granulomas, consistent with EM. Systemic corticosteroid therapy was initiated. Over the next 3 days, he experienced symptomatic improvement. His ejection fraction also improved to normal and he was discharged home. This case highlights the importance of an early diagnosis of EM and the need to maintain a high degree of suspicion in the correct clinical scenario.

**Key words**

Eosinophilic myocarditis, eosinophilic granulomatosis with polyangiitis, myocarditis, heart failure.