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# COPD as a risk factor for carotid artery disease (CAD) and low-extremity artery disease (LEAD)

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#### Abstract

We aimed to investigate the association between COPD and peripheral artery disease (PAD), the relation to the severity of airflow limitation and the level of serum C-reactive protein (CRP).

Cross-sectional study including 120 patients with initially diagnosed COPD, aged 40 to 75 years and 60 non-COPD subjects matched by age, smoking status, body mass index, as controls. All study participants underwent pulmonary evaluation (dyspnea severity assessment, baseline and post-bronchodilator spirometry, gas analyses, chest X-ray), Doppler ultrasonography and measurement of serum CRP.

Results presented statistically significant difference in presence of LEAD in COPD patients compared to controls (78.3% vs 38.3%; P<0.001). According to the Fontaine classification, COPD patients with LEAD were categorized in stages I, IIA and IIB (60%, 30% and 15%, respectively), whereas all controls with LEAD were in the Fontaine stage I. COPD patients with LEAD presented significant association between disease severity and clinical manifestations due to the vascular changes (P=0.001) and CRP (P<0.05). Comparison between presence of CAD in COPD and controls showed statistical significance (70% vs 36%; P < 0.0001). The mean value of intima-media thickness (IMT) in COPD patients with CAD was significantly higher than its mean value in controls (0.8  $\pm$  0.2 vs. 0.6  $\pm$  0.1; P=0.0043). IMT value in COPD patients with CAD was significantly related to FEV1

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COPD COPD - management Comorbidities

#### Footnotes

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