



FIRST MACEDONIAN CONGRESS IN INTERNAL MEDICINE

**“A Mutual Multidisciplinary Approach
Towards the Guidelines Challenges”**

ABSTRACT BOOK



19-22 May 2022
Hotel Metropol - Ohrid, RNM

FIRST MACEDONIAN CONGRESS IN INTERNAL MEDICINE
"A Mutual Multidisciplinary Approach
Towards the Guidelines Challenges"

Publisher:
Macedonian Association of Internal Medicine

Editor:
D-r Aleksandar Manolev

Technical editing:
Pruf Print - Skopje

Printing:
Datapons - Skopje

Copies:
420

54. SUBCLAVIAN ARTERY STENOSIS AND "SUBCLAVIAN STEAL SYNDROME"

N. Manev, O. Bushljetikj, Zh. Petrovski , I. Spiroski, D. Kitanoski, Zh. Zimbakov

University Clinic of Cardiology, Skopje, R.N. Macedonia

Introduction

Atherosclerosis is the most common cause for subclavian artery stenosis. Other etiologies include Takayashi arteritis, thoracic outlet syndrome, compression syndromes, fibromuscular dysplasia and iatrogenic injury. It is estimated that approximately 2% of the population has subclavian artery stenosis, with a predominance of the left a.subclavia.

Case report

A 63-year-old patient, with back pain, arm claudication and muscle fatigue, dizziness during working with left arm and tinnitus. Physical examination findings showed differences in both arm blood pressures- systolic(50mmHg) and diastolic(20mmHg), coldness in left arm, diminished radial pulsations.

Arterial color Doppler, coronarography, aortography and peripheral angiography were performed. Arterial color Doppler showed transient systolic retrograde flow and anterograde diastolic flow through a.vertebralis, increased PSV > 340ms and PSVr > 3.0. Coronarography findings -intermediate stenosis of the distal part of the right coronary artery. On aortography was seen critical ostial stenosis of the left a.subclavia between 95-99%. Peripheral angiogram of lower limb arteries showed generalised atheromatosis. The treatment include balloon angioplasty and stenting to a. subclavia.

Discussion

Subclavian steal should be considered among patients aged 50-70 years, exhibiting

"A Mutual Multidisciplinary Approach Towards the Guidelines Challenges"

vertebrobasilar territory neurological symptoms during arm activity. Blood pressure measurement on both arms should be mandatory in patients with that symptomatology. Doppler ultrasound is the first step in differential diagnosis of arterial subclaviastenosis, and it is usually confirmed with CT arteriography and peripheral angiography of the aorta and the upper limb. Endovascular treatment with antegrade approach is the first choice of treatment in our institution, with high technical success and safety.

Conclusion

Endovascular treatment of a subclavia stenosis should be considered as a therapeutic modality in all symptomatic patients. It characterizes with high procedure success and excellent long-term patency of the stent.

Keywords: subclavian stenosis, steal syndrome