TREATMENT OF RHEUMATOID ARTHRITIS WITH SEVERE PERIPHERAL ARTERY DISEASE IN PATIENT WITH SCLERODERMA MANAGED WITH ENDOVASCULAR TREATMENT: A CASE REPORT

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Background and aims Scleroderma has been linked to narrowing of vessel lumen, accelerated atherosclerosis, and vascular inflammation. Peripheral artery disease (PAD) in scleroderma ranges from Raynaud’s phenomenon to gangrene. Evidence for endovascular treatment for PAD in patient with scleroderma is still lacking.

Methods We report a case of severe PAD in scleroderma managed with endovascular treatment.

Results Female, 44 years old complained for intermittent claudication. She had been diagnosed scleroderma with Raynaud phenomenon since 3 years. She got methotrexate, folic acid, acetylsalicylic acid, nifedipine, and beraprost sodium. Angiography showed total stenosis at bilateral anterior tibial artery, posterior tibial artery, and peroneal artery. Two drug eluting stents were inserted to the left posterior tibial artery. Balloon angioplasty was done at left peroneal artery. She was also given methotrexate, folic acid, acetylsalicylic acid, clopidogrel, beraprost sodium, and amiodipine. The pain was resolved after these treatments.

Eight months after first percutaneous transluminal angiography (PTA), the patient started having intermittent claudication again and cyanotic toes. Angiography showed total stenotic at proximal left anterior tibial artery and 80% stenotic of left posterior tibialis artery before the stent. The stent was still patent at distal left posterior tibial artery. Balloon was inserted to the posterior tibial artery and left plantar foot. Previous medications were continued, but the dose of beraprost sodium was increased and cilostazol was also given. The symptoms resolved after treatment.

Conclusions Combination of medication and endovascular treatment for PAD in patient with scleroderma could provide rapid pain relief. Probability of restenosis needs to be evaluated.