

Femoropoplitea Atherosclerotic Disease as a Predictor of Vascular Risk

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Short Communication

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Brief Communication

The early arrest of patients with cardiovascular risk factors and / or the presence of some sign or symptom of Peripheral Arterial Disease of Lower Members, in its initial stages constitute a useful and effective tool for the prevention, diagnosis, treatment and rehabilitation of patients carriers of Cardiovascular Diseases, it is known that the manifestations of atherosclerotic damage can be present at the same time in other vascular beds (coronary, vascular and peripheral brain proper) of these patients. Peripheral arterial disease of the lower limbs has a higher prevalence in femoropopliteal sector, due to femoral artery characteristics, anatomy, location, topography, etc. In the evolutionary chronology of atherosclerosis, the first zones of development of the yellowish striae, and then of the atheromatous plaques, correspond in a very predictable way to those portions of the arterial tree physiologically predisposed by their anatomical constitution: dilatations and / or ramifications, which are areas with turbulence and / or shear stress (abnormal slip stress); These are places where eccentric or concentric thickening of the basement membrane of the endothelium is found from an increased proteoglycan layer, as a compensating mechanism to modify this natural predisposition to atherosclerotic pathology. Cabrera, et al. citation Femoropoplitea disease as the first clinical manifestation in patients with acute thrombotic arterial ischaemia of the lower limbs; in the analysis of 243 clinical files of patients with acute thrombotic arterial ischemia of the lower limbs with predominance of the femoropopliteal sector in 78.4% in relation to the iliac aorto 69.4% respectively [1]. In various international statistical reviews citation, Haimovici, Humphries, Esteban Solano, among others, showed the prevalence of atherosclerotic lesions in this anatomical sector [2-5].

In a recent epidemiological study conducted at the Health Research Institute of Aragon, (PROJECT ANTORCHA) in its second phase, in a population of six thousand workers of General Motors; (Aragón Workers Healt Study) was demonstrated when performing imaging studies, arterial ultrasound that the femoral sector is where cardiovascular diseases are early manifested [6]; Gemma AV, et al. in her doctoral thesis cites her hypothesis; Since the nature of cardiovascular events and peripheral arterial disease is the same, atherosclerosis makes me think that the intima-media thickness of the superficial femoral artery, an easy-to-explore artery with the echodoppler, and mostly affected by the disease can also be considered as an early marker of peripheral arterial disease [7]; Ciancaglini C, et al. in his published article; Vascular disease as an epidemic cites chronic ischaemia of the lower limbs, a marker of poor prognosis of life (30% mortality at 5 years) and extensive vascular damage. It also remains generally asymptomatic: the majority of carriers do not claudicate, being the relationship between asymptomatic and claudicating between 3: 1 and 6: 1. Taking into account that even asymptomatic patients share this gloomy prognosis, it is important to suspect this disease in order to evaluate the arterial tree of these patients by non-invasive means. In this regard it should be noted that the prognosis of life does not depend on the presence or absence of symptoms but on the severity of the anatomical damage [1]. Peripheral arterial disease of the lower limbs is one of the major causes of disability and disability (major amputations) in Cuba and the rest of the world; In Cuba there are no epidemiological studies of the incidence and prevalence of atherosclerotic femoropoplitea disease, since this disease remains unnoticed in a first stage but as

it progresses it can cause intermittent arterial claudication when walking, rest pain and loss of limb. That is why the contribution of more information on the factors that lead to the establishment of this disease and its aggravation are of paramount importance for the prevention, diagnosis, treatment and rehabilitation of these patients [2,8-11].

Conclusion

We can affirm that femoropoplitea atherosclerotic disease is considered as a predictor of cardiovascular brain events, morbidity and mortality.

References

1. Ciancaglini C (2005) Peripheral vascular disease as an epidemic and the role of the cardiologist in its prevention, detection and management. *Journal of the Argentine Federation of Cardiology* 34(2): 255-258.
2. Cabrera Zamora JL (2011) Femoropoplitea disease as the first clinical manifestation in patients with acute thrombotic arterial ischemia of the lower limbs. *Rev Medica Risaralda* 17(2): 91-94.
3. Haimovici J (1986) *Principles and Techniques*. Salvat, New York Cork, pp: 445-450.
4. Humphries AW, De Wolfe VG, Young JR (1986) Evaluation of the natural history and the result of treatment in occlusive arteriosclerosis involving the lower extremities. In: Haimovici J (Eds.), *Principles and Technique*. Vascular surgery. Salvat, New York, pp: 134-160.
5. Esteban Solano JM (2005) Prevalence of Chronic Obstructive Arterial Disease. In: *Carpe Diem, Endovascular VIII Hospital Universitari de Bellvige Vascular monographs*. Direct Cairols MS, Barcelona, pp: 9-11.
6. Claustra M, Civeira F Cardiovascular disease begins in the femoral arteries. Draft, Torch, Aragonese Institute of Health Sciences (IACS); National Research Center Carlos III (CNIC). Saragossa, Madrid, Spain.
7. Arnedo Varelo G (2015) The intima-media thickness of the superficial femoral artery as a marker of atherosclerosis and Peripheral Arterial Disease. Doctoral Thesis School of Medicine. Autonomous University of Barcelona.
8. Cairols Castellote M Castillo Sánchez J, Gonzalez-Juanatey JR, Mustard Prieto JM, Pomar Moya, Prats JL (2003) Asymptomatic arterial disease. *Rev Clin Esp* 203(3): 1.
9. Marc E, Mitchel, Anton N (2006) *Sidaway: On basic considerations of the arterial wall in health and in RB disease*. Rutherford, et al. (Eds.), Vascular surgery. 6th (Edn.), Madrid: Elsevier pp: 62-74.
10. Cairols Castellote M Castillo Sánchez J, González-Juanatey JR, Mustard Prieto JM, Pomar Moya-Prats JL (2003) Prevalence of asymptomatic arterial disease. *Rev Clin Esp* 203(3): 12-18.
11. Fernández Travieso JC (2013) Peripheral arterial disease in the elderly. *CENIC Magazine. Biological Sciences* 44(3): 1-13.

