

Fibromuscular displasia - case report

Mihalić M., Dika Ž.

School of Medicine, University of Zagreb, Division of Nephrology, Arterial Hypertension, Dialysis and Transplantation, University Hospital Centre Zagreb, Croatia

Introduction

Fibromuscular dysplasia (FMD) is nonatherosclerotic, noninflammatory vascular disease that may result in arterial stenosis, aneurysm, dissection or occlusion. The cause of FMD is unknown, but smoking and genetics play a role in its development. FMD is most common in young women, although it may occur at any age. The clinical manifestations of FMD are determined primarily by the vessels that are involved and by the type and severity of the vascular lesions. FMD most commonly affects the renal and extracranial arteries. Typical angiographic finding is a string of beads appearance represented histologically by medial fibroplasia in most cases. The treatment depends on the localization. It may include medical therapy and surveillance, or revascularization by percutaneous transluminal angioplasty (PTA) or surgery.

Case

26year old woman was hospitalized on our ward due to uncontrolled arterial hypertension. Bilateral stenosis of renal arteries (RA) was found by color doppler. Digital subtraction angiography of renal arteries (DSA) showed 20% stenosis of left RA (LRA) and significant stenosis of right RA (RRA). Balloon percutaneous transluminal renal angioplasty (PTRA) of RRA was performed. In 2011 was rehospitalization due to RRA restenosis and PTRA was performed. Control ABPM was normal. In 2012 was hospitalization in Neurology Clinic due to subarahnoidal hemorage. Intervation with coiling and embolisation for cerebral aneurism was performed. In 2013 and 2016 was reintervention on cerebral aneurym. In 2016 was last RRA intervation (PTRA+stent). In following check ups she had controlled hypertension.

Conclusion

During all hospitalizations and check ups, it was necessary for the patient to be educated by medical staff on how to measure and monitor blood pressure correctly, how important it was to take prescribed therapy and why was important to stop smoking. Control of these traditional risk factors is important because it can delay development and progression of the arterial pathology and poor atient's outcomes.

