

Bacterial Gastritis Aggravates Atherosclerosis

Richard M Fleming^{1*}, Matthew R Fleming¹ and Tapan K. Chaudhuri²

¹FHHI-OmnificImaging-Camelot, Los Angeles, CA, USA

²Eastern Virginia Medical School, Norfolk, Virginia

***Corresponding Author:** Richard M Fleming, FHHI-OmnificImaging-Camelot, Los Angeles, CA, USA.

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This case represents a 29-year-old Caucasian male with a history of gastritis, who developed retrosternal discomfort with exertion over several weeks. The discomfort was associated with nausea.

His fasting lipoprotein analysis revealed a total cholesterol of 201, LDLc of 137, HDL of 39 and triglyceride level of 123. The TC/HDLc ratio was ated 5.2. Additional blood tests showed an elevated C-RP of 5.2 (nl: <0.5) with acute phase antibodies for *H. Pylori* [3-5].

He underwent pharmacologic stress myocardial perfusion imaging (MPI) with a technetium-99m based agent [1,2].

Following MPI he underwent cardiac catheterization, with results shown in Figure 2.

The patient underwent antibiotic treatment for *H. Pylori*, with resolution of angina, a normalization of C-RP and improved MPI as shown in Figure 3.

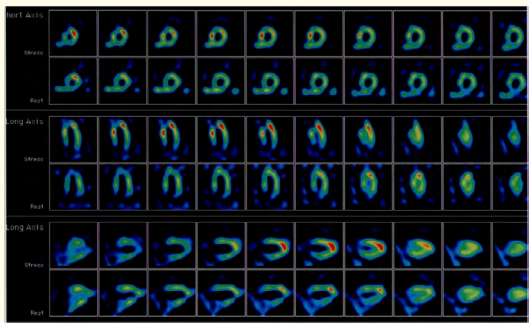


Figure 1: Pre-treatment myocardial perfusion imaging.

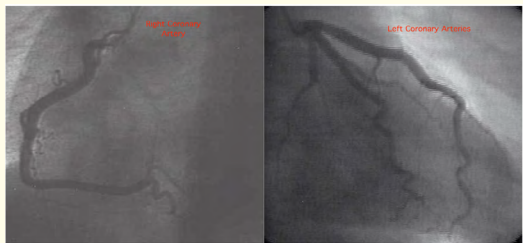


Figure 2: Coronary arteriogram.

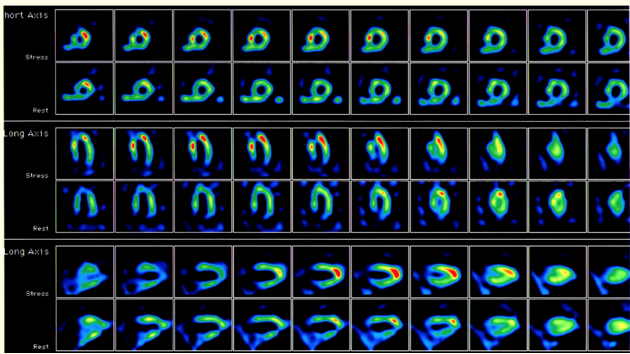


Figure 3: Post-treatment myocardial perfusion imaging.

Acknowledgment

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Questions

What percentage of acute myocardial infarctions present with a prior angiogram with less than 30% diameter narrowing? (the answer is d-70%)

- a) 10%
- b) 20%
- c) 50%
- d) 70%
- e) 90%

Which of the following is a marker of an acute inflammatory process? (the answer is d-all of the above).

- a) C-RP
- b) Fibrinogen
- c) Interluekin-6
- d) All of the above

If the angiogram reveals no evidence of stenosis, then

- a) There is no coronary artery disease present
- b) Coronary artery disease may be present, but coronary lumen disease is absent.

- c) Other causes of chest pain should be looked for, because the angiogram is the “gold standard” for detecting heart disease
- d) The patient should undergo a treadmill study. (the answer is b-the angiogram is useful for detecting focal stenotic disease, but does not show diffuse disease, medium or small blood vessel disease, or endothelial dysfunction).

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