

LETTER TO THE EDITOR

Letter by Güner et al Regarding Article, "Giant Coronary Aneurysms in a Patient With Immunoglobulin G4-Related Disease"

To the Editor:

We have recently read with great interest the article by Zheng et al¹ entitled "Giant Coronary Aneurysms in a Patient With Immunoglobulin G4-Related Disease." We appreciate the authors for their reports describing the management of multiple giant coronary aneurysms presenting with myocardial infarction. On the other hand, we believe that there are some major drawbacks that need to be addressed.

First of all, although histopathologic examination remains the gold standard for detecting organ involvement and diagnosing IgG4-related disease (IgG4-RD), it is difficult to obtain biopsy or surgical specimens from the arterial wall. Hence, noninvasive evaluation of vascular involvement is clinically important not only for diagnosis but also for the management of IgG4-aortitis. FDG-PET/computed tomography has been reported recently used to assess IgG4-RD. In this study, Yabusaki et al reported that 41% of patients who definitely had IgG4-RD exhibited signs and symptoms of IgG4-related aortitis or periaortitis, and 80% of these patients had multiple vascular region involvement. The iliac arteries (35% of cases) and infrarenal abdominal aorta (33% of cases) were the most common sites of IgG4-RD followed by the thoracic aorta and first branches of the thoracic aorta (8% of cases), suprarenal abdominal aorta (6% of cases), and first branches of the abdominal aorta (5% of cases).² Moreover, recently, Ansari-Gilani et al³ reported that a case report of cerebral aneurysm accompanied by coronary artery aneurysm associated with IgG4-RD. In this case report, did the authors evaluate the aorta and its branches in detail, including FDG-PET/computed tomography with multimodality imaging methods?

Second, although coronary artery aneurysm involving the left main coronary artery, multiple or giant (>20 mm or >4 reference vessel diameter) coronary artery aneurysm surgical resection is considered the first-line therapy, in the recent years, case reports on percutaneous treatment of giant coronary artery aneurysms have been reported in the literature.^{4,5} In this case report, was the patient evaluated for percutaneous treatment before medical therapy? We know that the aneurysm can be treated successfully if distal vascular structure is suitable for stent implantation.

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ARTICLE INFORMATION

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Disclosures

None.

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