

Rickettsiosis and coronary artery disease: is there a mechanism in common?

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Abstract:

Rickettsial infection can affect multiple organs.

Heart attacks are rare, although cases of acute myocarditis, pericarditis, BAV ... have been reported.

We report 2 cases of rickettsiosis and coronary heart disease.

The first case concerns a 65-year-old diabetic, dyslipidemic patient who had rickettsiosis one month before admission and who presents with silent myocardial ischemia revealed by a positive EA in relation to a sub-occlusive stenosis of IVA requiring coronary angioplasty.

Case 2: A 71-year-old patient treated for rickettsiosis who presented with anteroseptal anesthesia complicated with residual angina in connection with severe calcified truncunculary lesions associated with successful surgical revascularization.

Through our observations, we will discuss the physiopathological mechanisms of coronary involvement by Rickettsiosis which would cause vasculopathy by endothelial cell damage.

Biography:

Prof. Dr. Abu Jayyab is a Dean of Health Sciences & Medical Sciences and Medical at the Emirate University College of Technology (ECT), Abu Dhabi UAE. He



also involves in the Design and Accreditation of Health and Medical Sciences at Emirates College of Technology (ECT); Prior to joining ECT, he was the Consultant of Academic Affairs, Chief Academic Officer & International Academic Advisor, at Royal Medical University.

Publication of speakers:

- 1. Does Additional Coronary Artery Bypass Grafting Increase Hospital Mortality of Patients Requiring Valve Surgery?
- 2. Taurine Implicated in Bromocriptine Induced Hallucination: Glycine-Glutamic-Aspartic Implicated in Bromocriptine Induced Schizophrenia, 2010
- 3. Changes in free amino acids in Peripheral Blood (PB) lymphocytes and Polymorphonuclear (PMN) leukocytes after treatment with diazepam
- 4. Counteraction of nifedipine-induced hyperglycaemia by metformin
- 5. Insights on the mechanism of action of bromocrip-

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