

A MEDICAL CASE (part two) and not only

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Abstract

In the previous article (vol.12 nr 2/2005 of Romanian Journal of Diabetes, Nutrition and Metabolic Diseases), I presented a teenager known with a homozygous form of familial hypercholesterolemia. The medical and non-medical messages are still available, so, the up-to-date picture is made on this occasion.

Remember that in Italy, since December 2004, until now, after a cascade of investiga-

I presented a male teenager as a homozygous familial hypercholesterolemia case, in the volume 12 nr 2/2005 of Romanian Journal of Diabetes, Nutrition and Metabolic Diseases.

I invite you to remember the complexity of Christian situation not only under medical terms. As you know, the LDL-C apheresis is not available in our country. The treatment of choice was initiated in Italy at the end of 2004. Enormous Christian's family efforts were made in conjunction with Church and Charity organizations which put into practice the transport and a temporary house. The Italian medical authorities further allowed a very complex investigation cascade as well as the appropriate treatment.

The previous article exposed, by comparison, biochemical results pre and after apheresis. One of the last sessions of the year 2006 offers:

tions, a functional treatment schedule, including one LDL-C apheresis session every week, in conjunction with lipid lowering treatment have been put into practice offering the best results in that given case. Are we able to continue from Christian's return, this life-maintaining treatment?

Keywords: homozygous familial hypercholesterolemia, LDL-C apheresis

total-cholesterol	222	vs	95 mg/dl
HDL-C	29	vs	28
LDL-C	171	vs	72
triglycerides	106	vs.	25
tot. cholesterol/HDL-C	7,7	vs.	3,4
CK	141	vs.	94 u/l

The data listed above, are part of more complex hematological and biochemical picture, asked for by every session of apheresis, rigorously. These were accomplished by **Chemical and Clinical Investigation Department with the acceptance of Prof. Roberto Antonini, part of UMBERTO I Policlinic, whose Prof. Antonino Musca is in charge. This Institution is included into the Department of Clinic and Applied Therapy of University of Rome "LA SAPIENZA"**.

Now, there is a general agreement concerning Christian's best treatment formula: an apheresis session every week besides lipid

lowering therapy (rosuvastatine + ezetimibe) as well as antiagregant medication.

We stress once more the complexity of the other medical investigations (**vascular ultrasonography, echocardiography, angiography, magnetic resonance angiography, etc.**) which were performed by **Dr. G. F. Gualdi, Dr. Maria Antonietta Panico, in the Department of Radiology, and also by Dr. Paolo Versacci and Dr. Giovanna Bosco from the Department of Pediatric Cardiology. Dr. Bruno Marino is the director of this department.**

The revascularisation manoeuvres (triple aortocoronarian bypass, carotidian endarterectomy), were performed by Prof Dr. Toscano's team.

Whatever the surgical approach, apheresis sessions offer the comfort in terms of LDL-C clearance mechanism and it is routinely performed in **the Plasmapheresis Department, the director of which is Prof. Claudia Stefanutti.**

Christian, a charming teenager, is assuming now a pretty good state of health. He has noticed also the disappearance of the cutaneous signs (see subcutaneous xanthoma – our collection photos) and most important, he has become a manageable patient. We cannot afford to forget the vascular disease with atheromatos deposits in the root of aorta, aortic valve cusps, carotid or intracerebral atheroma.

Christian has been given an opportunity to go on with his studies. Yet at the same time he misses part of his family and Roumanian friends and is aware of the fact that one day his treatment could be interrupted. This mixture of reality and feelings have fed Christian and made him enjoy a new nearly normal life.

Temporarily, Christian's home was a **Capranica village house, in which Italian Red Cross Association under coordination of Dr Paolo Gian Pietro** hosted, free of charge, some young diseased foreigners. All these people should be assumed, at a given moment, by a specific, new meanwhile created or upgraded medical system in their own countries. As in our previous article, we still express the fear for Christian's return. Two years have passed since other country and another medical system adopted Christian. In financial terms Christian costs very much (1300 Euros every apheresis, only). Despite **Mr. Pierangelo Casa's offers, a generous Italian businessman**, ready to assume a large part of apheresis devices and our specialists upgraded costs, we have still done nothing in this field. Whatever the great sympathy, humanitarian feelings of Christian's Italians irreplaceable friends, Christian's national authorities owe to him and to other people like him, the same consideration.

Christian is only one of many others, who surves because a pertinent, prompt and permissive medical system is treating him, generously.

The previous article, pointed out, the known lipid disorders for which LDL-apheresis is benefic, all over the advanced countries in the world.

What should we do in this respect?

A complete and fruitful communication between various specialties, general practitioners, pediatricians, specialists in metabolic diseases and nutrition, cardiologists, vascular explorers and surgeons and, of course, the Minister of Health' specialists, (non)-physicians, able to listen to the practitioners,

and all of these are not to override each others' commission.

What could we get from it in such a way?

- Knowledge about the real percentage of **people with lipid disorders** and their age stratification in order to create a specific
- **National Register** for these patients

Subcutaneous xanthoma



- A higher level of efficiency using the lipid lowering medication

Knowledge about the real percentage of vascular diseased people who could benefit from revascularisation.

The references are the same as for the previous article.

Without subcutaneous xanthoma

