

Regression of CAD with medical therapy



A 42-year-old man with hyperlipidemia and a family history of coronary artery disease presented with a 4-month history of intermittent exertional chest pain. Myocardial perfusion imaging performed during exercise showed moderate ischemia in the distribution of the left circumflex coronary artery (Panel A, arrow). Coronary computed tomographic angiography (CTA) revealed a large amount of atherosclerotic plaque in the proximal left circumflex coronary artery, which had resulted in severe stenosis (Panel B, arrow). The patient was treated for chronic stable angina with high-intensity statin therapy, ezetimibe, a beta-blocker, and aspirin; he was advised to adopt a healthy diet and to engage in regular physical activity. Over time his symptoms resolved. Four years later, he reported the onset of atypical chest pain. Repeat myocardial perfusion imaging showed no myocardial ischemia (Panel C, arrow), and repeat coronary CTA showed a marked reduction in the amount of plaque and the severity of stenosis in the left circumflex coronary artery (Panel D, arrow). The CTA results were reassuring that his current symptoms were not cardiac. These imaging findings suggest that even when severe stenosis is present, coronary artery disease can regress with medical therapy.

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