

# Acute coronary syndrome

There does appear to be a slightly increased risk of acute coronary syndrome in vascular Ehlers-Danlos syndrome. Given the arterial fragility, dissection of a coronary artery may result in an acute coronary syndrome (non-atheromatous).



### WHAT IS RECOMMENDED

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- Rule out an aortic dissection in the presence of an acute coronary syndrome in a patient with vascular Ehlers-Danlos syndrome.
- Give preference to non-invasive examinations (coronary scan) and medical treatment whenever possible.
- When a coronary angiography is necessary, particular caution should be taken when moving the guide upwards (due to risk of dissection/arterial perforation) and enhanced monitoring of the femoral insertion point is necessary.



### WHAT YOU SHOULD NOT DO

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- Use fibrinolytic or anti GPII $\beta$ /III $\alpha$  agents as first-line treatments.
- Insertion of stents requiring dual or prolonged antiplatelet therapy should be avoided whenever possible.
- Radial coronary angiography (risk of dissection and ischemia of the hand).