



# The Risk of Developing Large Areas in Coronary Artery Ectasia

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## DESCRIPTION

Coronary artery ectasia is an unprecedented disease that occurs in a small number of people in North America. Coronary artery ectasia is characterized by an enlargement of the arteries to five or more times than its normal range. Coronary artery ectasia occurs four times more often in men than in women and in people with a risk of heart disease, including smokers. Although this disease is commonly diagnosed in atherosclerosis and coronary artery disease, it can occur on its own and in each case; we are able to consider fitness problems.

This condition can cause the heart tissue to become dehydrated and die as a result of anemia associated with bloating, and blockage due to blood clots or spasms in the blood vessels. This blood-related drift disorder can cause permanent damage to a muscle if the reduction is prolonged. Coronary artery ectasia will further increase the risk of developing large areas of risk within the affected cardiovascular system, or aneurysms may rupture and cause death. Injuries can cause severe angina within the chest and are not uncommon in those who have this condition. Coronary artery ectasia is commonly found in patients with connective tissue disease and expanded inflammatory disorders including Marfan syndrome and Kawasaki Disease. It can also be temporarily available to patients who have undergone stent placement that results in intrauterine expansion. Coronary artery ectasia is characterized by extended pressure of the vessel wall, immersion of the arterial wall resulting in flexible opening and remodelling of the vessel. Chronic vascular dilatation is thought to be mainly due to irritation, caused by illness, chemicals, or physical stress of the vessel. An irritating reaction will even trigger platelet aggregation which will increase the chance of bleeding. The chance of blood clots will increase due to turbulent blood accompanied by enlargement of the enlarged vessel which can cause platelets and clot formation. This imbalance can damage cells and cause them to die, weakening vessels. Activation of the inflammatory response causes significant growth in C reactive protein, interleukin, tumor necrosis factor alpha and mobileular

adhesion molecules, which can be used as diagnostic markers. There are currently no cardiovascular community recommendations or cardiovascular treatment strategies. Experts within the article urge doctors to consider an anti-platelet drug, including Aspirin, to reduce thrombus formation in the blood-associated packet associated with inflammation. Dual anti-platelet therapy and complete anticoagulation are currently under investigation. The first etiology of coronary ectasia in adults is atherosclerosis, for which a solution with statin remedy should be considered. Statin solution may also reduce irritation and activation of matrix metalloproteinase.

## CONCLUSION

There are currently no cardiovascular community recommendations or cardiovascular treatment strategies. Experts within the article urge doctors to consider an anti-platelet drug, including Aspirin, to reduce thrombus formation in the blood-associated packet associated with inflammation. Dual anti-platelet therapy and complete anticoagulation are currently under investigation. The first etiology of coronary ectasia in adults is atherosclerosis, for which a solution with statin remedy should be considered. Statin solution may also reduce irritation and activation of matrix metalloproteinase. Coronary artery ectasia is characterized by an enlargement of the arteries to five or more times than its normal range. The disease is usually asymptomatic and is usually diagnosed with a variety of conditions including coronary artery disease, severe angina and various acute coronary syndromes.

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## CONFLICT OF INTEREST

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