

EMERGENCY ALERT CARD

FIBROMUSCULAR DYSPLASIA SOCIETY OF AMERICA



FMD SA
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Suite 360
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FIBROMUSCULAR DYSPLASIA SOCIETY OF AMERICA

Important information for medical professionals is available on our website:

www.fmdsa.org

Notes:

Medications:

Phone:

Physician:

Emergency Contact:

Name:

PATIENT INFORMATION

This patient has *fibromuscular dysplasia* (FMD) and spontaneous coronary artery dissection (SCAD). FMD is a disease that causes one or more arteries in the body to have abnormal cell development in the artery wall, and can result in **beading, narrowing, aneurysms, or dissections**.

SCAD is due to a spontaneous and non-traumatic tear of the coronary (heart) artery. SCAD is a relatively rare condition predominantly affecting younger women. A large proportion of patients with SCAD have also been diagnosed with FMD in 70-90% of cases. Other less common arterial disease predisposing to SCAD include connective tissue disorders, systemic inflammatory conditions, pregnancy, and coronary artery spasm. Precipitating stressors such as intense exercises and emotional stresses can also provoke tears in patients with predisposing arterial diseases. Patients with SCAD most often present with heart attacks, with common symptoms and signs including chest discomfort, arm discomfort, jaw pain, shortness-of-breath, sweating, nausea and vomiting. Patients presenting with SCAD should be screened for FMD with vascular imaging.

If a patient with FMD presents with symptoms of a heart attack, coronary angiogram should be done to rule out SCAD. Patients with prior SCAD are also at risk for recurrent coronary dissection, and symptoms of recurrent chest discomfort should prompt further investigation. SCAD is managed differently from coronary artery blockage due to cholesterol plaque.

