

Journal Pre-proof

Arterial Tortuosity Syndrome: A Rare Cause of Pulmonary Hypertension

Albert Riudor Guri Raquel Luna López Isabel Blanco



PII: S0300-2896(25)00143-7

DOI: <https://doi.org/doi:10.1016/j.arbres.2025.04.007>

Reference: ARBRES 3788

To appear in: *Archivos de Bronconeumología*

Received Date: 27 March 2025

Accepted Date: 22 April 2025

Please cite this article as: Guri AR, López RL, Blanco I, Arterial Tortuosity Syndrome: A Rare Cause of Pulmonary Hypertension, *Archivos de Bronconeumología* (2025), doi: <https://doi.org/10.1016/j.arbres.2025.04.007>

This is a PDF file of an article that has undergone enhancements after acceptance, such as the addition of a cover page and metadata, and formatting for readability, but it is not yet the definitive version of record. This version will undergo additional copyediting, typesetting and review before it is published in its final form, but we are providing this version to give early visibility of the article. Please note that, during the production process, errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

© 2025 SEPAR. Published by Elsevier España, S.L.U. All rights are reserved, including those for text and data mining, AI training, and similar technologies.

Arterial Tortuosity Syndrome: A Rare Cause of Pulmonary Hypertension

Albert Riudor Guri¹, Raquel Luna López^{2,3}, Isabel Blanco^{1,4,5,6}

1. Department of Pulmonary Medicine, Hospital Clínic, University of Barcelona, Barcelona, Spain

2. Department of Cardiology, Institut Cardiovascular, IDIBAPS, Hospital Clínic of Barcelona, Barcelona, Spain

3. Cardiology Department, Hospital Sant Joan de Déu, Barcelona, Spain

4. Fundació de Recerca Clínic Barcelona-Institut d'Investigacions Biomèdiques August Pi i Sunyer (IDIBAPS), Barcelona, Spain

5. Biomedical Research Networking Center on Respiratory Diseases (CIBERES); Madrid, Spain

6. ERN-LUNG, Hospital Clínic, Barcelona, Spain



Figure 1. Coronal and sagittal section of the pulmonary CTA (A, B) show a decreased calibre of the main pulmonary arteries from their origin, which are elongated and have stenosis in their proximal third (arrows). Axial plane vascular window CT (C) shows a dilation of the pulmonary artery trunk (chevron arrow) and a significant tortuosity of the bilateral pulmonary lobar arteries (asterisks). Three-dimensional reconstruction image (D) of the pulmonary vascular tree.

We present a 19-year-old patient with a history of Arterial Tortuosity Syndrome (ATS). Neonatal right heart catheterization (RHC) revealed a dilated pulmonary artery with tortuous branches and stenotic, elongated aortic structures. By 2016, cardiac catheterization showed severe pulmonary hypertension (PH) due to focal stenosis (mPAP 51 mmHg, RAP 7 mmHg). A pediatric surgical attempt to resolve the stenosis was unsuccessful. Genetic testing confirmed an SLC2A10 mutation. In 2024, pulmonary CTA showed pulmonary artery dilation, proximal stenosis of main pulmonary arteries, marked tortuosity of pulmonary lobar arteries, and bronchial artery hypertrophy (Figure 1). ATS is a rare genetic disorder caused by SLC2A10 mutations, which encodes the GLUT10 protein, a cofactor in collagen and elastin biosynthesis; leading to weakened arterial walls and widespread vessel tortuosity. It shares features with Loeys-Dietz and Marfan syndromes. Pulmonary artery involvement can contribute to PH. Diagnosis relies on imaging and genetic testing, while management is supportive, with cardiovascular monitoring and surgery for severe cases. Beta-blockers and angiotensin-converting enzyme inhibitors may help reduce arterial stress; however, their efficacy in ATS remains unproven, warranting cautious use, especially in the presence of renal artery stenosis. Arterial tortuosity may serve as a prognostic marker for cardiovascular risk¹⁻⁵

This work was funded by Instituto de Salud Carlos III (PI24/01182). No artificial intelligence tools were used in the writing or editing of this manuscript either. The authors declare that they have no conflicts of interest regarding its content.

ARG wrote the first draft. RLL helped with the literature review and writing. IB reviewed and edited the final version. All authors approved the final manuscript.

Ethics in publishing

1. Does your research involve experimentation on animals?:

No

2. Does your study include human subjects?:

No

3. Does your study include a clinical trial?:

No

4. Are all data shown in the figures and tables also shown in the text of the Results section and discussed in the Conclusions?:

Yes

References

1. Ekhtor C, Devi M, Barker C, et al. Arterial Tortuosity Syndrome: Unraveling a Rare Vascular Disorder. *Cureus* (08, 2023) 15(9): e44906. DOI 10.7759/cureus.44906.
2. Callewaert B, De Paepe A, Coucke P. Arterial Tortuosity Syndrome. 2014 Nov 13 [Updated 2023 Feb 23]. *GeneReviews*®. University of Washington, Seattle; 1993-2024.
3. Rodríguez-Capitán, J., Macías-Benítez, M., Conejo-Muñoz, L., et al. (2020). Arterial tortuosity syndrome: a late and unexpected diagnosis and description of a novel likely pathogenic mutation. *Revista Española de Cardiología (English Edition)*, 73(6), 504-506.
4. Cianci R, Martina P, Borghesi F, Di Daniele N, Fuiano G, Zoccali C. Revascularization versus medical therapy for renal artery stenosis: antihypertensive drugs and renal outcome. *Angiology*. 2011;62(1):92-9. DOI:10.1177/0003319710371615.
5. Milewicz DM, Cecchi AC. Heritable Thoracic Aortic Disease Overview. 2003 Feb 13 [Updated 2023 May 4]. In: Adam MP, Feldman J, Mirzaa GM, et al., editors. *GeneReviews*® [Internet]. Seattle (WA): University of Washington, Seattle; 1993-2025.