Takayasu arteritis presenting as multiple arch vessel aneurysms

A 24-year-old man presented with a history of persistent neck pulsations with two episodes of transient ischaemic attack. His cardiovascular examination was unremarkable except for a bilateral carotid bruit. An arch angiogram in left anterior oblique 45° view revealed a dilated aortic root (annulus size 50.6 mm), an aneurysmal brachiocephalic trunk, right and left common carotid, and left subclavian arteries (figure 1). There was no involvement of coronary, pulmonary, descending and abdominal aorta. Disease activity markers, erythrocyte sedimentation rate (80) and C-reactive protein (35), were elevated. Active Takayasu arteritis (TA) type IIA was diagnosed, and the patient was treated with immunosuppressive drugs and antiplatelets. He improved symptomatically and was kept under close surveillance.

TA primarily involves the media and adventitia of vessel walls and thus results in luminal abnormalities (stenosis, occlusion, aneurysm formation). The reported incidence of aneurysmal lesions in TA varies from 4.9% to 31.9%. Aneurysm could be an initial manifestation of this disease; however, isolated aneurysms are reported in only 2% of patients.[1–3] Multiple arch vessel aneurysms caused by TA are extremely rare. We suggest that multiple arch vessel aneurysms without stenotic lesions can be the sole manifestation of TA.

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Contributors AH identified and managed the case and is responsible for the overall content as guarantor. AH and BK performed the cardiac imaging. Both authors have read and approved the manuscript.

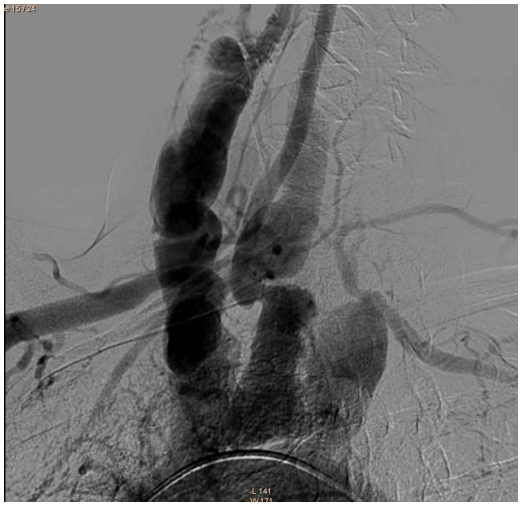

Figure 1 Arch angiogram in left anterior oblique 45° view showing multiple arch vessel aneurysms.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; internally peer reviewed.

To cite Hooda A, Kunwar B. *Heart Asia* Published Online First: [*please include* Day Month Year] doi:10.1136/heartasia-2013-010272

Heart Asia 2013;**0**:84. doi:10.1136/heartasia-2013-010272

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