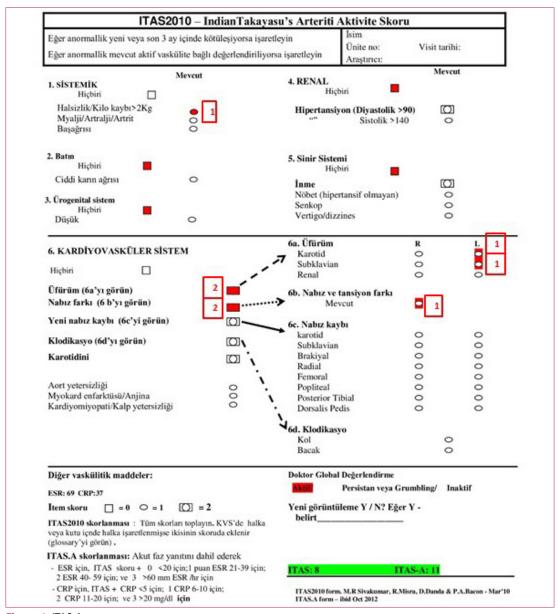


Case 5: Takayasu Arteritis

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A 32 years old housewife female was assessed in Marmara University Vasculitis Clinic in January 2019. Her presenting complaints were fever, weight loss (totally 6 kg loss within last 4 months), fatigue, night sweats, chest and back pain. They started 4 months ago, and gradually increased. Fever was generally appeared nights, less than 38 oC, and responsive to paracethemol. Chest and back pain were not related to physical activity. There was nothing in her medical history other than oral ulcers 1-2 times in a year. On physical examination, her body temperature was 38.30 C. Respiratory system, gastrointestinal and locomotor system examinations were normal. In cardiovascular system examination, S1 S2 rhythmically heard, no additional sound or murmur were detected. Blood pressure was measured as 120/65 mmHg in the right upper extremity, 95/55 mmHg in the left upper extremity, 140/80 mmHg in the right lower extremity, and 145/80 mmHg in the left lower extremity. Although the left upper extremity pulses were weaker than the right, peripheral pulses were palpable in all four extremities. The murmur was detected on the left subclavian and left carotid artery. In the laboratory evaluation, complete blood count, liver and kidney function tests, viral hepatitis markers were found to be normal. The erythrocyte sedimentation



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Rheumatology, Istanbul Figure 1: ITAS-A score

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rate (ESR) was 69 mm / hour and the C-reactive protein (CRP) level was 37 mg / L. When she first presented with these complaints, she was evaluated in terms of infection and malignancy. No infection was detected. Computed tomography (CT) of the neck, thorax and abdomen was normal. Diffuse wall thickening in the right subclavian artery and bilateral CCA, 60% stenosis in the left subclavian artery and 40% stenosis in bilateral CCA were detected on CT angiography. At the time of diagnosis, Indian Takayasu Arteritis Score(ITAS) score for the activity assessment was calculated as 8 and the ITAS-A score as 11 (Figure 1). After she was diagnosed wit Takayasu Arteritis (TAK), methotrexate 15 mg/ week and methylprednisolone 48 mg / day were started. Then, she applied again in the 11th month of the treatment. The complaints of this presentation were the new onset pain and numbness in the left arm for the last 4-5 months along with a weight loss of up to 3 kilos and a fever not exceeding 38 ° C. Her left arn complaints were increasing especially while carrying a sachet and recovering when resting. On physical examination, blood pressure and pulse could not be obtained in the left upper extremity. Other peripheral pulses were palpable. A murmur was heard on the left subclavian, left carotid and left renal artery. Meanwhile, ESR was 45 mm / hour and CRP was 19 mg / L. The patient stated that she couldn't decrease the corticosteroid dosage below 8 mg / day and sometimes had to increase to higher dosage due to fatigue and back pain in the post-diagnosis follow-up period. In this presentation, the patient had new complaints and examination findings together with high acute phase response. The corticosteroid dosage was increased and adalimumab treatment was initiated for a TAK relapse. During relapse, the patient's ITAS score was 13, and ITAS-A score was 15. Since new or worsening symptoms and signs within last 3 months were scored during the calculation of ITAS score. Therefore, left carotid and left subclavian artery murmurs which were present since first diagnosis, were not included in the calculation.

Thoracic vertebra X-ray was done due to pain and tenderness over the thoracic vertebrae during physical examination. Compression fractures at 3 levels were detected. Bone densitometry was confirmed the osteoporosis. Eye examination was found to be normal regarding for cataract. An oral anti-diabetic agent was started in the internal medicine outpatient clinic one month ago. The Vasculitis Damage Index score of was 5 in this visit (Figure 2).

The patient got into remission with adalimumab treatment after relapse, and the daily methylprednisolone dose was 2 mg / day at the last follow-up visit.

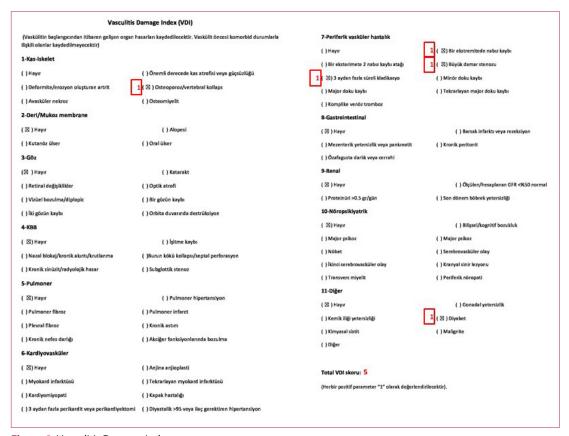


Figure 2: Vasculitis Damage Index