

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 paracetamol. 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 38.3o 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

ITAS2010 – Indian Takayasu's Arteriti Aktivite Skoru			
Eğer anormallik yeni veya son 3 ay içinde kötüleşiyorsa işaretleyin		İsim	Ünite no:
Eğer anormallik mevcut aktif vaskülitte bağlı değerlendiriliyorsa işaretleyin		Araştırmacı:	Visit tarihi:
1. SİSTEMİK		4. RENAL	
Hiçbiri <input type="checkbox"/>		Hiçbiri <input checked="" type="checkbox"/>	
Halsizlik/Kilo kaybı > 2Kg <input checked="" type="checkbox"/>		Hipertansiyon (Diyastolik >90) <input type="checkbox"/>	
Myalji/Artralji/Artrit <input type="checkbox"/>		Sistolik >140 <input type="checkbox"/>	
Baş ağrısı <input type="checkbox"/>			
2. Batın		5. Sinir Sistemi	
Hiçbiri <input checked="" type="checkbox"/>		Hiçbiri <input checked="" type="checkbox"/>	
Ciddi karın ağrısı <input type="checkbox"/>		İnme <input type="checkbox"/>	
3. Ürogenital sistem		Nöbet (hipertansif olmayan) <input type="checkbox"/>	
Hiçbiri <input checked="" type="checkbox"/>		Senkop <input type="checkbox"/>	
Düşük <input type="checkbox"/>		Vertigo/dizziness <input type="checkbox"/>	
6. KARDİOVASKÜLER SİSTEM		6a. Üfürüm	
Hiçbiri <input type="checkbox"/>		Karotid <input type="checkbox"/>	
Üfürüm (6a'yı görün) <input checked="" type="checkbox"/>		Subklavian <input type="checkbox"/>	
Nabız farkı (6 b'yı görün) <input checked="" type="checkbox"/>		Renal <input type="checkbox"/>	
Yeni nabız kaybı (6c'yi görün) <input type="checkbox"/>		6b. Nabız ve tansiyon farkı	
Klodikasyo (6d'yı görün) <input type="checkbox"/>		Mevcut <input checked="" type="checkbox"/>	
Karotidini <input type="checkbox"/>		6c. Nabız kaybı	
Aort yetersizliği <input type="checkbox"/>		karotid <input type="checkbox"/>	
Myokard enfarktüsü/Anjina <input type="checkbox"/>		Subklavian <input type="checkbox"/>	
Kardiyomiopati/Kalp yetersizliği <input type="checkbox"/>		Brakiyal <input type="checkbox"/>	
		Radial <input type="checkbox"/>	
		Femoral <input type="checkbox"/>	
		Popliteal <input type="checkbox"/>	
		Posterior Tibial <input type="checkbox"/>	
		Dorsalis Pedis <input type="checkbox"/>	
		6d. Klodikasyo	
		Kol <input type="checkbox"/>	
		Bacak <input type="checkbox"/>	
Diğer vaskülitik maddeler:		Doktor Global Değerlendirme	
ESR: 69 CRP:37		<input checked="" type="checkbox"/> Akut	
İtem skoru <input type="checkbox"/> = 0 <input type="checkbox"/> = 1 <input checked="" type="checkbox"/> = 2		<input type="checkbox"/> Persistan veya Grumbling/ <input type="checkbox"/> İnaktif	
ITAS2010 skorlanması : Tüm skorları toplayın. KVS'de halka veya kutu içinde halka işaretlenmiş kişilerin skorunda eklenir (glossary'yi görün) .		Yeni görüntüleme Y / N? Eğer Y - belirt _____	
ITAS.A skorlanması: Akut faz yanıtını dahil ederek		ITAS: 8 ITAS-A: 11	
- ESR için, ITAS skoru + 0 <20 için; 1 puan ESR 21-39 için; 2 ESR 40- 59 için; ve 3 >60 mm ESR /hr için		ITAS2010 form. M.R Sivakumar, R.Misra, D.Danda & P.A.Bacon - Mar'10	
- CRP için, ITAS + CRP <5 için; 1 CRP 6-10 için; 2 CRP 11-20 için; ve 3 >20 mg/dl için		ITAS.A form - ibid Oct 2012	

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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 with 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 arm 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.

Vasculitis Damage Index (VDI)		
(Vaskülitin başlangıcından itibaren gelişen organ hasarları kaydedilecektir. Vaskülit öncesi komorbid durumlarla ilişkili olanlar kaydedilmeyecektir)		
1-Kas-iskelet		
<input type="checkbox"/> Hayır	<input type="checkbox"/> Önemli derecede kas atrofi veya güçsüzlüğü	
<input type="checkbox"/> Deformite/erozyon oluşturan artrit	<input checked="" type="checkbox"/> Osteoporoz/vertebral kollaps	
<input type="checkbox"/> Avasküler nekroz	<input type="checkbox"/> Osteomyelit	
2-Deri/Mukoz membrane		
<input checked="" type="checkbox"/> Hayır	<input type="checkbox"/> Alopesi	
<input type="checkbox"/> Kutanöz ülsür	<input type="checkbox"/> Oral ülsür	
3-Göz		
<input checked="" type="checkbox"/> Hayır	<input type="checkbox"/> Katarakt	
<input type="checkbox"/> Retinal değişiklikler	<input type="checkbox"/> Optik atrofi	
<input type="checkbox"/> Vitüel bozulma/diplopi	<input type="checkbox"/> Bir gözün kaybı	
<input type="checkbox"/> İki gözün kaybı	<input type="checkbox"/> Orbita duvarında destrüksiyon	
4-KBB		
<input checked="" type="checkbox"/> Hayır	<input type="checkbox"/> İşitme kaybı	
<input type="checkbox"/> Nazal blokaj/kronik akıntı/kurutlanma	<input type="checkbox"/> Burun kökü kollapsı/septal perforasyon	
<input type="checkbox"/> Kronik sinüzit/radyolojik hasar	<input type="checkbox"/> Subglottik stenoz	
5-Pulmoner		
<input checked="" type="checkbox"/> Hayır	<input type="checkbox"/> Pulmoner hipertansiyon	
<input type="checkbox"/> Pulmoner fibroz	<input type="checkbox"/> Pulmoner infarkt	
<input type="checkbox"/> Plevral fibroz	<input type="checkbox"/> Kronik astım	
<input type="checkbox"/> Kronik nefes darlığı	<input type="checkbox"/> Akciğer fonksiyonlarında bozulma	
6-Kardiyovasküler		
<input checked="" type="checkbox"/> Hayır	<input type="checkbox"/> Anjina anjoplasti	
<input type="checkbox"/> Myokard infarktüsü	<input type="checkbox"/> Tekrarlayan myokard infarktüsü	
<input type="checkbox"/> Kardiyomiopati	<input type="checkbox"/> Kapak hastalığı	
<input type="checkbox"/> 3 aydan fazla perikardit veya perikardiyektomi	<input type="checkbox"/> Diyastolik >95 veya ilaç gerektiren hipertansiyon	
7-Periferik vasküler hastalık		
<input type="checkbox"/> Hayır		
<input type="checkbox"/> Bir ekstremitede 2 nabız kaybı atağı		<input checked="" type="checkbox"/> Bir ekstremitede nabız kaybı
<input checked="" type="checkbox"/> 3 aydan fazla süreli kladikasyo		<input checked="" type="checkbox"/> Büyük damar stenozu
<input type="checkbox"/> Major doku kaybı		<input type="checkbox"/> Minör doku kaybı
<input type="checkbox"/> Komplike venöz tromboz		<input type="checkbox"/> Tekrarlayan major doku kaybı
8-Gastrointestinal		
<input checked="" type="checkbox"/> Hayır		<input type="checkbox"/> Barsak infarktu veya rezeksiyon
<input type="checkbox"/> Mezenterik yetersizlik veya pankreatit		<input type="checkbox"/> Kronik peritonit
<input type="checkbox"/> Özofagusta darlık veya cerrahi		
9-Renal		
<input checked="" type="checkbox"/> Hayır		<input type="checkbox"/> Ölçülen/hesaplanan GFR <60 normal
<input type="checkbox"/> Proteinüri >0.5 gr/gün		<input type="checkbox"/> Son dönem böbrek yetersizliği
10-Nöropsikiyatrik		
<input checked="" type="checkbox"/> Hayır		<input type="checkbox"/> Bilişim/kognitif bozukluk
<input type="checkbox"/> Major psikoz		<input type="checkbox"/> Major psikoz
<input type="checkbox"/> Nöbet		<input type="checkbox"/> Serebrovasküler olay
<input type="checkbox"/> İkinci serebrovasküler olay		<input type="checkbox"/> Kranial sinir lezyonu
<input type="checkbox"/> Transvers miyelit		<input type="checkbox"/> Periferik nöropati
11-Diğer		
<input checked="" type="checkbox"/> Hayır		<input type="checkbox"/> Gonadal yetersizlik
<input type="checkbox"/> Kemik iliği yetersizliği		<input checked="" type="checkbox"/> Diyabet
<input type="checkbox"/> Kimyasal sitit		<input type="checkbox"/> Malignite
<input type="checkbox"/> Diğer		
Total VDI skoru: 5		
(Herbir pozitif parametre "1" olarak değerlendirilecektir).		

Figure 2: Vasculitis Damage Index