Takayasu's Arteritis: Isolated Aortitis

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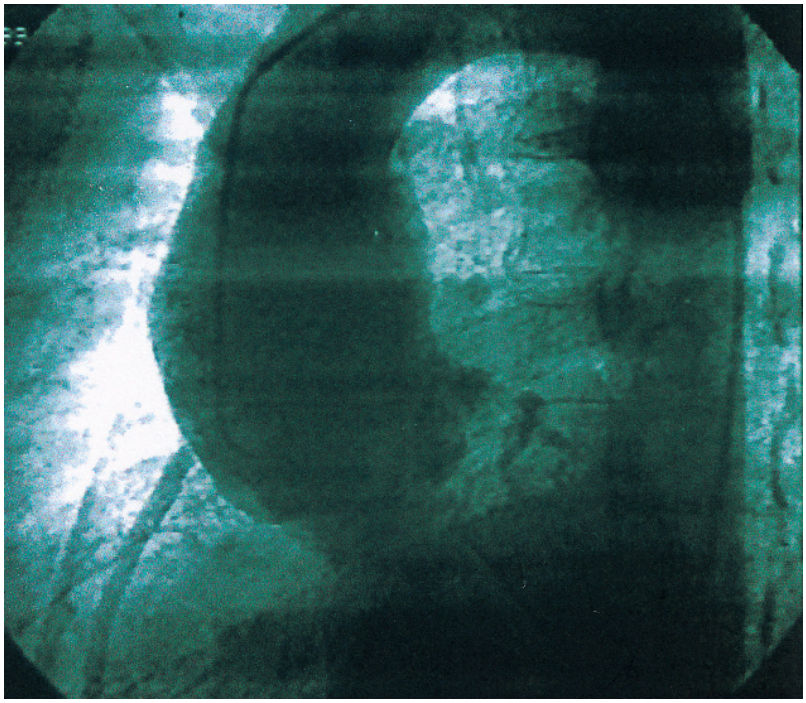

Figure 1. Aortic angiography with marked aortic dilatation.

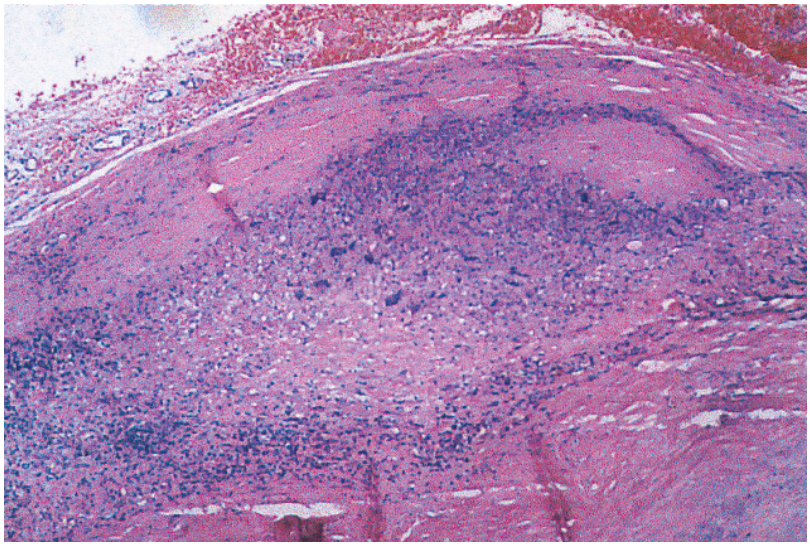

Figure 2. Pathologic section of involved aorta showing infiltrate of lymphocytes, plasma cells, and rare multinucleated giant cells.

A 45-year-old Caucasian woman was brought to the emergency department after a syncopal episode with cardiovascular collapse[1]. Examination revealed no dolichostenomelia. Emergent 2D echocardiogram revealed severe dilation of the ascending aorta. Presurgical aortic angiography (Figure 1) confirmed the aortic dilation seen on echocardiogram[2]. The erythrocyte sedimentation rate was elevated at 120 mm/h, with no other laboratory abnormalities[3]. C-reactive protein was not analyzed preoperatively. She admitted some recent palpitations and chest discomfort immediately before her collapse. The aortic leaflets were noted to be extremely thin and attenuated at the time of surgery. An aortic/ascending aortic valve homograft was placed[4] and pathologic examination of the involved aorta (Figure 2) revealed an infiltrate of lymphocytes, plasma cells, and rare multinucleated giant cells involving the adventitia, media, and intima with fibrosis of the intima without evidence of cystic medial necrosis[5]. Treatment with prednisone was initiated soon after surgery[1]. Subsequent arteriography showed no involvement of other vessels. She was maintained on combination methotrexate and prednisone therapy[1] for 2 years, without significant sequelae. She is presently in remission and no longer undergoing medical therapy, with frequent surveillance.

REFERENCES

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