Unusual Presentation of Takayasu's Disease

Apresentação Incomum da Doença de Takayasu

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Unusual presentation of Takayasu's disease

A 21-year-old woman was admitted with heart failure and chest pain. Echocardiography revealed a tricuspid aortic valve with severe regurgitation (A), a thickened and deformed right coronary cusp with a linear flap raising the suspicion of an aortic dissection (B), and severe left ventricular dilation. Angio-computed tomography showed continuous and concentric thickening of the aortic wall (C) with a penetrating ulcer and dissection of the descending aorta (D) and superior mesenteric and left renal arterial occlusion (E). Takayasu

aortitis type V was assumed for which immunosuppression was commenced. Significant improvement was noted (F). After achieving remission, the patient underwent endovascular surgery of the aorta and aortic valve replacement. No episodes of relapses were seen during a 3-year follow-up period.

Conflict of interest

The authors have declared that they have no conflict of interest.

Figure 1 – A. Apical five-chamber view, color Doppler flow showing severe aortic regurgitation. B. Parasternal short-axis view: thickened and deformed right coronary aortic cusp with a linear flap raising the suspicion of an aortic dissection. Thoracic angio-computed tomograph. C. Concentric thickening of the aortic wall (arrow). D. Continuous and concentric thickening of the aortic wall, a penetrating ulcer (red arrow), and dissection of the descending aorta (orange arrow) are visible. E. Wall thickening with narrowing and occlusion of the superior mesenteric (arrow) and left renal arteries. F. Thoracic angio-computed tomography repeated 1 week after the start of immunosuppressive therapy revealed significantly reduced aortic wall thickness (arrow).

Keywords

Takayasu Arteritis; Echocardiography; Heart Failure.

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