

## PS2.131

### **Takayasu arteritis manifested as effort angina and diagnosed after detecting coronary ostial stenosis on CT scan - case report**

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Takayasu arteritis is an uncommon chronic vasculitis of unknown etiology which primarily affects aorta and its primary branches. We present a case study showing importance of suspicion of such a disease based upon clinical features which guide complementary tests for diagnosis.

A 47 years old caucasian female with history of hypertension, left renal atrophy and a miscarriage, presents episodes of oppressive chest pain coinciding with postprandial effort for two months. Her primary care doctor recommended adapting her life style; EKG done in consult was normal. Since episodes recurred, she referred her to a cardiologist who decided performing a coronary CT. It showed involvement of ostium of coronary arteries due to an inflammatory process of the aorta (aortitis) probably autoimmune. When admitted to her reference hospital an immunosuppressive treatment with corticosteroids and cyclophosphamide bolus was indicated. Physical examination: multifocal heart murmur and bruits audible over carotids, abdominal aorta and femoral arteries.

**Lab Results:** autoimmunity negative, normal CRP, mild iron deficiency anemia. Echocardiogram: thickening of ascending aorta, light pseudocoarctation of descending aorta. MRA confirmed lesions of supra-aortic trunk as changes suggestive of Takayasu arteritis. PET-CT: without abnormal signal. Cardiac stress test: clinically normal but with electrical changes at the end of 2nd stage of Bruce. She was discharged from hospital with strict recommendations of limited life habits.

She completed eight doses cycle of cyclophosphamide with descending glucocorticoid therapy. A coronary CT of control does not differ from the previous and it was decided to initiate anti-TNF(infliximab) treatment and also MTX to reduce dose of corticoides.

Getting to a diagnosis sometimes may result difficult and even take years especially when treating with a rare condition. As we know it is always important to make a differential diagnosis in order to reach the correct one, even though rare, excluding other diagnoses much more frequent.