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TAKAYASU'S ARTERITIS IN PREGNANCY: A THERAPEUTIC CONUNDRUM DURING COVID 19 PANDEMIC

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Introduction:

Takayasu's arteritis is a rare large vessel arteritis that predominantly involves the aorta and its primary branches affecting women in 80 to 90 percent cases.

Case:

A G3P1L0 female at 30 weeks gestational with preeclampsia and anhydramnios with history of IUFD complicated by preeclampsia. Obstetric ultrasonography revealed absent end diastolic flow in umbilical artery suggestive of stage II FGR with anhydramnios. She underwent emergency caesarean section for uncontrolled hypertension delivering a preterm male baby weighing 1300grams with a good APGAR score. In view of differential blood pressure intraoperatively a diagnosis of Takayasu's Arteritis was thought of and patient was followed up.

Computed tomography angiography of bilateral renal vessels revealed concentric circumferential wall thickening of distal descending thoracic aorta and bilateral proximal renal artery stenosis. The descending thoracic aorta was stenosed over a length of 13 cm with significant renal narrowing and post stenotic dilatation in the aorta and right renal artery.

Her final diagnosis was takayasu's arteritis angiographic type 3 with inactive disease by kerr's score.

Discussion:

Treating obstetricians may not be readily familiar with the diagnostic criteria, clinical activity scoring and management in pregnancy. In developing countries like ours diagnosis is often delayed due to the insidious onset of the disease and non-specific early symptoms. The ongoing COVID-19 pandemic further complicates matters due to lockdown and disruptions in routine services.

Conclusion:

While the obstetric outcome was good, an early diagnosis helps in tailoring optimal management. The COVID-19 pandemic complicates matters as multidisciplinary approach, referrals and treatment get disrupted. Obstetrician's motto should be an all round development of maternal health as highlighted in our case.

Primary authors: Dr BHARDWAJ, Bhavya; Dr SINGH, Sweta

Co-authors: Dr BEGUM , Jasmina; Dr PATI, Aditya; Dr MOHAKUD, Sudipta; Dr BEHERA, Dibya ranjan

Presenter: Dr BHARDWAJ, Bhavya

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