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SUCCESSFUL PREGNANCY OUTCOME IN A CASE OF TAKAYASU'S ARTERITIS WITH RECURRENT PREGNANCY LOSS

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BACKGROUND: Takayasu's arteritis(TA), also known as Pulseless disease/ Aortoarteritis /“young female arteritis,” is a rare chronic inflammatory progressive large vessel vasculitis (LVV) of unknown etiology causing narrowing, occlusion, and aneurysms of systemic and pulmonary arteries, especially the aorta and its branches, afflicting women of childbearing age. During pregnancy, such patients warrant special attention. An interdisciplinary collaboration of obstetricians, cardiologists, and neonatologists is necessary to improve maternal and fetal prognosis.

CASE REPORT:A 33yrs old third gravida, conceived after ovulation induction, was admitted in the hospital as pregnancy with chronic hypertension and low lying placenta at 23 weeks gestation. She had history of one still birth at 7 months and one spontaneous abortion, for which she had no hospital visit.No past history. Her physical examination revealed a difference of 40 mm Hg in Systolic BP between the arms and was subjected for further evaluation. No hypertensive retinopathy changes on fundus examination. After discussing with nephrologist and physician, a probable diagnosis of Takayasu's arteritis was mad and she was started on LMWH and aspirin. Immunological workup revealed P-ANCA and C-ANCA negative. APLA and ANA profile was negative. ECG and 2D ECHO were normal.USG KUB raised a suspicion of Renal artery stenosis and arterial Doppler of bilateral upper limbs and lower limbs raised a suspicion of possibility of arteritis due to biphasic spectral waveform in left upper limb and bilateral lower limbs. CT angiography done postoperatively, revealed near complete occluding thrombus in left subclavian artery and irregular circumferential plaques along the abdominal aorta resulting in diffuse segmental narrowing, more marked in the infrarenal segment s/o Midaortic syndrome secondary to burnt out granulomatous aorto-arteritis (Takayasu arteritis).She was started on prednisolone and atorvastatin in addition to aspirin and LMWH. She was discharged on POD - 10 with advice on regular follow-up and explaining the complications.

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