

☆ **Complex Clinical Cases**

TAKAYASU ARTERITIS: DIFFERENTIAL DIAGNOSIS OF AORTIC COARCTATION IN ADULTS

Poster Contributions
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Background: Aortic Coarctation (AoCo) has an incidence of 1 in 2,500 births and is defined as a congenital narrowing of the aorta near the ductus arteriosus. Treatment can be percutaneous or surgical. Takayasu Arteritis (TAK) is a chronic inflammatory disease that affects large vessels. It affects 2,6 people per 1,000,000/year. Treatment involves glucocorticoids and immunosuppressants.

Case: 53-year-old hypertensive woman diagnosed with corrected AoCo by lateral thoracotomy at 33yo. At 50yo, symptoms of fatigue and asthenia began with non-palpable distal pulses. Pressure difference > 10mmHg between upper limbs, an abdominal aorta murmur, and an angiography suggestive of TAK.

Decision-making: There was no stenosis at the point of previous coarctation. Currently gradient is 25 mmHg in the isthmus region, with blood pressure control. TAK has fluctuating activity with periods of remission/exacerbation. Our patient has evidence of vasculitis on angiography, female (+1 point), murmur (+2) and reduced pulses in the upper limbs (+2), involvement three territories (+3), so she scores ≥ 5, classifying as TAK, currently on Azathioprine and Prednisolone, with symptom improvement and vascular lesion stabilization.

Conclusion: There are doubts about whether there was an association between the two diseases or the occurrence of an initial manifestation of Takayasu Arteritis with solitary focal stenosis. Complementary assessments with inflammatory tests and imaging studies of the entire aorta can help.

