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TAKAYASU ARTERITIS ASSOCIATED WITH ABDOMINAL PAIN AND PULMONARY TUBERCULOSIS: CASE REPORT

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BACKGROUND

Takayasu's Arteritis (TA) is a rare and progressive inflammatory disease, characterized as chronic granulomatous vasculitis which affects the aorta and its main branches. Its diagnosis remains a challenging task due to the lack of specificity in clinical and laboratory evidence.

CASE REPORT

P.S., 32 years old, female, native of Londrina-PR.

October/2017: She reported paresthesia with limb claudication and abdominal pain 7 months ago. Generalized pain, morning stiffness (>1hour) and mechanical low back pain 2 months ago. She denied fever, weight changes and other complaints. Completed treatment for pulmonary tuberculosis in February/2018.

Physical examination: Cardiovascular: without heart murmur, nonpalpable pedicles pulses, tibial posterior and left radial filiform. Blood pressure (BP) right arm=120/80mmHg and left=105/00mmHg. Normal pulmonary, abdominal and neurological evaluations. Osteomioarticular system: nonpalpable sinovites, muscle strength preserved globally, Lasègue and Patrick negatives. Absence of lymphadenopathy and skin alterations. Exams: PPD=6mm; ERS=51; CRP=12; Echocardiogram: discrete tricuspid insufficiency; Thoracic AngioCT: parietal irregularity of the descending thoracic aorta and opacities in the upper pulmonary lobes. Abdominal and iliac aorta with diffuse parietal thickening, measuring 6.751cm and beginning soon after the renal arteries, superior mesenteric artery with parietal thickening at its origin and proximal third, promoting important stenosis of 70%; Carotid Doppler, carotid AngioTC, cardiac stress test, upper endoscopy and colonoscopy without changes.

Treatment started with prednisolone 1mg/kg/day - 80mg/day for 4 months, with gradual weaning, associated with methotrexate (starting 7.5mg/week up to 25mg/week for 5 months). Due to the intensity of the symptoms and evidence of inflammatory activity still altered, we associated tocilizumab 8 mg/kg/monthly intravenous dose. Currently, she is using AAS 100mg/day, rosuvastatin 20mg/day, cholecalciferol 5.000 IU, folic acid 2mg/day, asymptomatic and with normal laboratory tests. Awaiting further radiological examinations for comparison and follow-up.

CONCLUSION

The relevance of the case is based on the recurrence of abdominal pain, since the diagnosis of TA is, in many cases, postponed due to the non-specificity initial symptoms. The heterogeneity of the presented symptomatology involves typical manifestations such as claudication of limbs and decrease/absence of peripheral pulses, and atypical, such as abdominal pain. According to studies, TA and Tuberculosis(TB) may be associated in 8.3% of the cases. Others correlate the similarity between giant cell granulomas and

TB in aortic tissue samples. The choice for treatment with anti-IL-6 receptor is due to the recent treatment for TB.