SBR 2019
36º CONGRESSO BRASILEIRO DE REUMATOLOGIA
CENTRO DE EVENTOS DO CEARÁ
04 A 07 DE SETEMBRO
FORTALEZA 2019
PROMOÇÃO
70 anos Sociedade Brasileira de Reumatologia
REALIZAÇÃO
SCR SOCIEDADE CEARENSE DE REUMATOLOGIA

TIMING OF ENDOVASCULAR CORRECTION OF COMMON CAROTID PSEUDOANEURYSM SECONDARY TO BEHÇET'S DISEASE: A CASE REPORT

CARLA BALEEIRO RODRIGUES SILVA (UNIVERSIDADE DE SÃO PAULO, SÃO PAULO, SP, Brasil), LUCAS BRANDÃO ARAÚJO DA SILVA (UNIVERSIDADE DE SÃO PAULO, SÃO PAULO, SP, Brasil), CARLO SCOGNAMIGLIO RENNER ARAÚJO (UNIVERSIDADE DE SÃO PAULO, SÃO PAULO, SP, Brasil), CAMILA DA SILVA CENDON DURAN (UNIVERSIDADE DE SÃO PAULO, SÃO PAULO, SP, Brasil), LUCIANA PARENTE COSTA SEGURO (UNIVERSIDADE DE SÃO PAULO, SÃO PAULO, SP, Brasil), LISSIANE KARINE NORONHA GUEDES (UNIVERSIDADE DE SÃO PAULO, SÃO PAULO, SP, Brasil), JULIANA CABRAL REBOUÇAS (UNIVERSIDADE DE SÃO PAULO, SÃO PAULO, SP, Brasil), NELSON DE LUCCIA (UNIVERSIDADE DE SÃO PAULO, SÃO PAULO, SP, Brasil), ROSA MARIA RODRIGUES PEREIRA (UNIVERSIDADE DE SÃO PAULO, SÃO PAULO, SP, Brasil)

BACKGROUND

Behçet's disease (BD) is a chronic, multisystemic, inflammatory disease characterized by recurrent mucocutaneous, ocular, musculoskeletal, vascular, central nervous system and gastrointestinal manifestations. Vascular BD is common, affects all sizes of arteries and veins, and accounts for the major cause of mortality. Arterial involvement in BD is rare, and can be occlusive or aneurysmal, the latter being more common. The predominant site of aneurysm formation is the abdominal aorta, followed by the femoral and pulmonary arteries. Extracranial carotid artery aneurysms are uncommon. Surgery intervention is a common cause of mortality in Vasculitis and should be done when inflammatory parameters are normalized.

CASE REPORT

Male, 37 years old, no previous comorbidities, presented with sudden bulging pulsatile mass in the right cervical region. For the past 7 years the patient had a history of recurrent oral ulcers, folliculitis in the trunk, painful skin lesions in the lower limbs, episodes of conjunctivitis, amaurosis fugax and past of intense headache, which later was diagnosis of chronic central venous thrombosis. Admitted to the emergency room due to the cervical mass. On physical examination, presence of oral ulcers and pulsatile mass in the right cervical region. Laboratory showed elevated inflammatory tests (CRP 208 mg/dL). A CT angiography of the cervical region was performed, which evidenced a right common carotid pseudoaneurysm with partial thrombus, measuring 4.0 x 4. 0 x 3. 8 cm, with a pedicle of 0. 9 cm. Due to suspicion of Behçet's disease, pulse therapy with 1 g of methylprednisolone was performed for 3 days and sustained with oral prednisone 1 mg/kg and colchicine. There was rapid normalization of the inflammatory tests and resolution of the oral ulcers. After two weeks of immunosuppression he underwent a minimally invasive procedure with successful Endovascular stent placement. Control imaging was performed after 5 days, with presence of central laminar flow within the stent.

CONCLUSION

Intervention should be avoided for arterial lesions in the acute phase of inflammation whenever possible due to frequent postoperative complications, including recurrence of the treated aneurysm or formation of new ones. Pre and post-operative immunosuppressive therapy should be performed on both surgical and endovascular treatment. To prevent complications in active disease, endovascular intervention is the more reasonable alternative. Choosing the adequate technique for correcting aneurysms in BD and the timing to do it is still challenging. Moreover, long-term immunosuppressive therapy after endovascular repair is important to limit pseudoaneurysm recurrence.