

Abstract

Background

Takayasu arteritis (TKA) is an uncommon form of vasculitis affecting large vessels. Several presentations of TKA have been documented, such as cardiac involvement, mural ventricular thrombosis, and pulmonary arterial embolism. The clinical picture presents a significant barrier to timely identification and necessitates the fast adoption of a well-customized treatment plan. We report a case of TKA presented with heart failure and lower respiratory tract infection.

Case history

A 48-year-old Sri Lankan woman presented to our hospital with recurrent chest tightness accompanied by dyspnea. The patient was initially treated for a lower respiratory tract infection complicated with heart failure but ultimately ended up in a diagnosis of Takayasu arteritis. The patient received drug therapy including glucocorticoids, immunosuppressants, and cardiovascular drugs. The patient showed a favorable response to the prescribed drugs, leading to a successful recovery.

Conclusion

Initial presenting symptoms of TKA are of vast diversity. However, heart failure as the first initial presentation is quite uncommon, which can lead to difficulties in making the diagnosis and the proper management. Early detection and intervention are particularly crucial. Because a delay in treating acute heart failure may increase the risk of severe complications and mortality.