

Abstract

Takayasu arteritis (TA) is a large vessel vasculitis that mainly affects large vessels including aorta and its main branches. It affects women typically of reproductive age with a higher prevalence in Asia.

The diagnosis of TA is often delayed by months to years or missed due to its non specific manifestations and unawareness among clinicians regarding the numerous ways of its presentation. TA can present with a prolonged fever which is often attributed to more prevalent etiologies like infections, malignancies and autoimmune rheumatic diseases. Delay in diagnosis as well as misdiagnosis can result in progressive disease leading to poor outcomes. So it is important to consider vasculitis as a differential diagnosis in the context of prolonged fever of unknown origin.

Here we present a case of a young lady who presented with prolonged fever along with non specific constitutional symptoms, who was initially diagnosed as pulmonary tuberculosis before a diagnosis of Takayasu arteritis was made finally which responded markedly to immunosuppressive therapy.
