

Abstract

Takayasu arteritis (TA) is a primary systemic vasculitis that predominantly affects medium and large arteries, leading to systemic inflammation and organ or limb ischemia. Its clinical manifestations encompass angiodynia, claudication, peripheral pulselessness, murmurs, ischemic stroke, myocardial infarction, and severe systemic arterial hypertension. This disease tends to affect women more than men. Here, we present the case of a 30-year-old male patient who exhibited sudden-onset right-sided hemiparesis following intracerebral hemorrhage as his initial presentation of hypertension. His evaluation revealed a blood pressure discrepancy between upper limbs, along with a high erythrocyte sedimentation rate (ESR). A CT aortogram suggested vasculitis, culminating in a diagnosis of Takayasu arteritis. The patient was started on glucocorticoid therapy and Tocilizumab. This case describes the diverse clinical presentations of TA and emphasizes the importance of comprehensive evaluation in diagnosing and managing this inflammatory vascular disorder.