

## **Abstract**

Takayasu arteritis is a large vessel vasculitis involving Aorta and its major branches. It commonly affects young Asian females. Cardiac involvement is a recognized complication of the disease. Myocardial infarction due to coronary osteitis, aortic regurgitation, dilated cardiomyopathy, myocarditis and pericarditis have been reported. We report a case of Takayasu arteritis presenting with cardiac block. A 39 year old mother of one child with history of eclampsia presented with new onset hypertension and Intermittent second degree heart block and complete heart block. Patient also complained of constitutional symptoms such as loss of weight, loss of appetite and malaise. There was clinical evidence of reduced left radial pulse, discrepancy in bilateral upper limb blood pressure and left subclavian and left carotid bruit. CT aortogram detected filling defects in left side proximal common carotid artery, first part of subclavian artery, proximal axillary artery, infrarenal abdominal aorta and left side renal artery stenosis. DSA angiogram revealed homogenous narrowing of left side renal artery. Diagnosis of Takayasu arteritis was made and patient was commenced on oral Prednisolone.