

Abstract

Takayasu arteritis (TA) is a vasculitis & stenotic disease of medium & large sized arteries. Commonly occur in aortic arch & its branches. In the recent years there has been increasing reports with atypical manifestations, which some of them were fatal. It is an uncommon disease with most prevalent in adolescent girls & young woman. It is more common in Asia. Usually presents with limb claudication & constitutional symptoms.

This is case report of a 21 year old patient presented with fever for one week with a history of right side neck swelling. On further evaluation she was found to have intermittent fever, neck pain, marked loss of weight & appetite. She denies having history of trauma, sexual promiscuity or contact history of Tuberculosis. Right side radial pulse was feeble, left side pulse was normal; right side carotid bruit was heard. Blood pressure was normal in both hands with no discrepancy. Inflammatory markers were high & CT angiogram showed multiple segmental aneurysms with short segmental dissections in aorta & diagnosed to have Takayasu arteritis.

She was initially treated with Intravenous Methyl prednisolone 500mg pulsed for 3 days & with a tailing off dose of prednisolone. Response was monitored clinically as well as biochemically. While on prednisolone 25mg, symptoms reappeared & managed as a major relapse. Intravenous Rituximab 1g was commenced, after two doses she was symptom free & inflammatory markers reached the base line.

TA although not common, can present as neck swelling in a young patient. Early diagnosis in the first phase of the disease results in favourable outcome.