

Abstract

Takayasu arteritis is an autoimmune vasculitis which primarily affects the aorta and its primary branches. Tuberculous aortitis is an extremely rare manifestation of tuberculosis and almost always seen in association with disseminated tuberculosis. A possible relationship between Takayasu arteritis and tuberculosis has been suggested. We present a 16-year old patient who presents with constitutional symptoms, arterial bruit and reduced pulses. She has completed treatment for tuberculosis of spine six years back. Her radiology was consistent with a diagnosis of Takayasu arteritis. Immunosuppression treatment was started after excluding active tuberculosis and led to a marked clinical improvement. This case highlights the challenges in differentiating Takayasu arteritis from tuberculous aortitis.