

AN UNUSUAL PRESENTATION OF TAKAYASU'S ARTERITIS AND THE IMPORTANCE OF UNIFYING DIAGNOSES

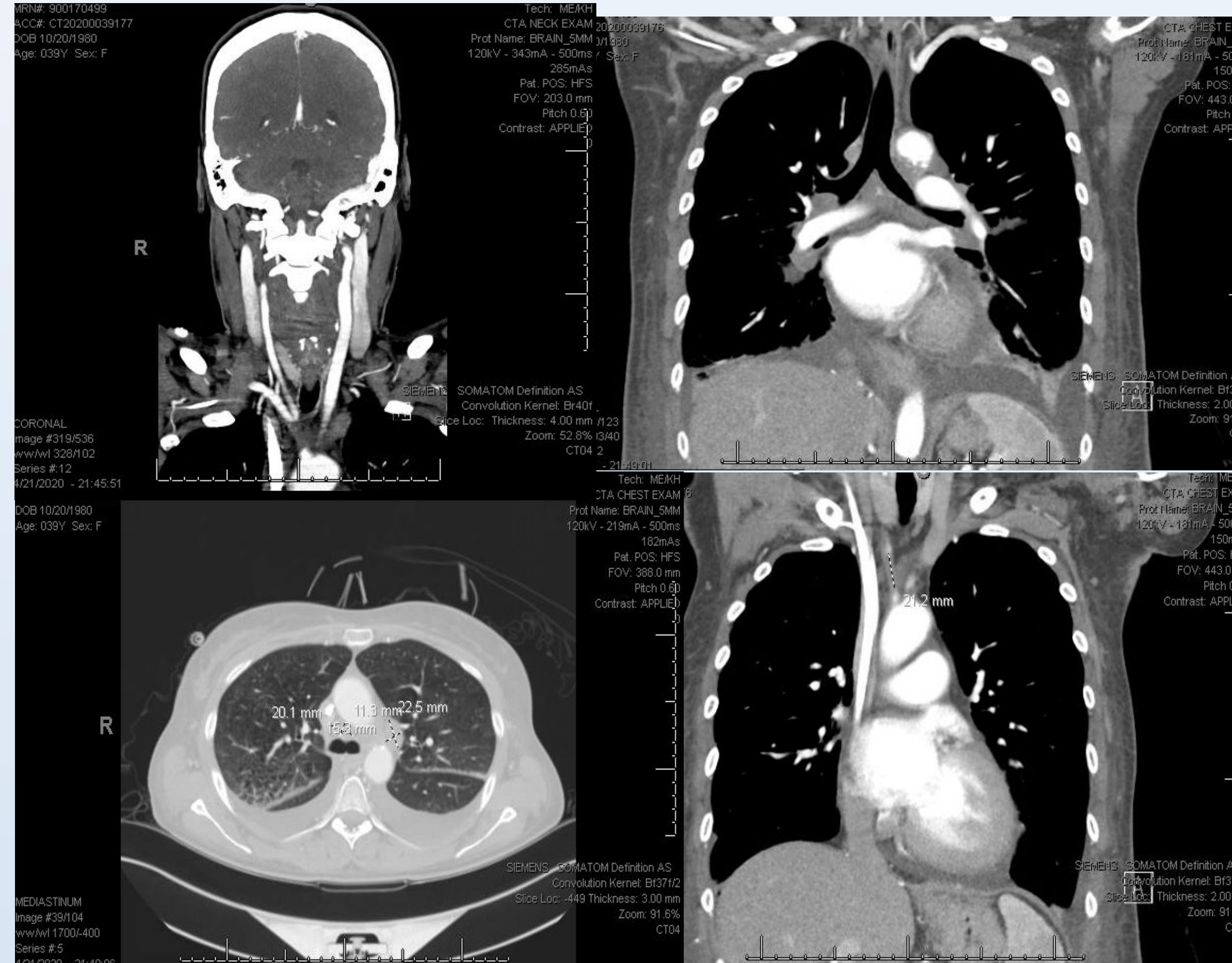
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CASE PRESENTATION

- 39 year old female with past medical history of polysubstance abuse on methadone, cardiomyopathy and fibromyalgia
- Presented to the hospital with persistent nausea, vomiting, and anuria for three days.
- Vitals were stable on presentation and she remained normotensive throughout admission.
- Initial labs were notable for acute renal failure with a creatinine of 7.31 and severe hyponatremia with a sodium of 110.

IMAGING FINDINGS



DISCUSSION

Clinical diagnoses cannot rely on the most common presentations of certain disorders. It is essential to continue to review data, old and new, in order to find such diagnoses. This patient never experienced symptoms of claudication and her blood pressure remained normotensive. The two most common symptoms of Takayasu's arteritis are claudication and hypertension, highlighting the importance of keeping a wide differential even when the patient may not present with the classic symptoms.

CLINICAL COURSE

- Hypertonic saline infused over several days to correct the hyponatremia to a level that was compatible with dialysate fluid.
- Two weeks into admission, she continued to have recurrent episodes of flash pulmonary edema, initially attributed to known underlying cardiomyopathy and fluid overload
- Review of imaging from prior admissions revealed several branches of the aortic arch with significant vascular disease.

CONCLUSIONS

- Vasculitides are difficult to diagnose as symptoms are wide-ranging and can occur over the course of months.
- Multiorgan dysfunction can often cloud the clinical picture.
- It is important to remember that unifying diagnoses are often the underlying cause and that this must be the focus for all patients.

Further imaging pursued and notable for:

- Decreased blood flow in bilateral cerebral arteries, the right innominate artery, the left subclavian artery, and right common and internal carotids.
- Renal artery with >60% stenosis,
- >70% of the celiac artery occluded
- Virtual absence of flow in the distal aorta.
- She was subsequently diagnosed with Takayasu's arteritis and started on treatment with corticosteroids.