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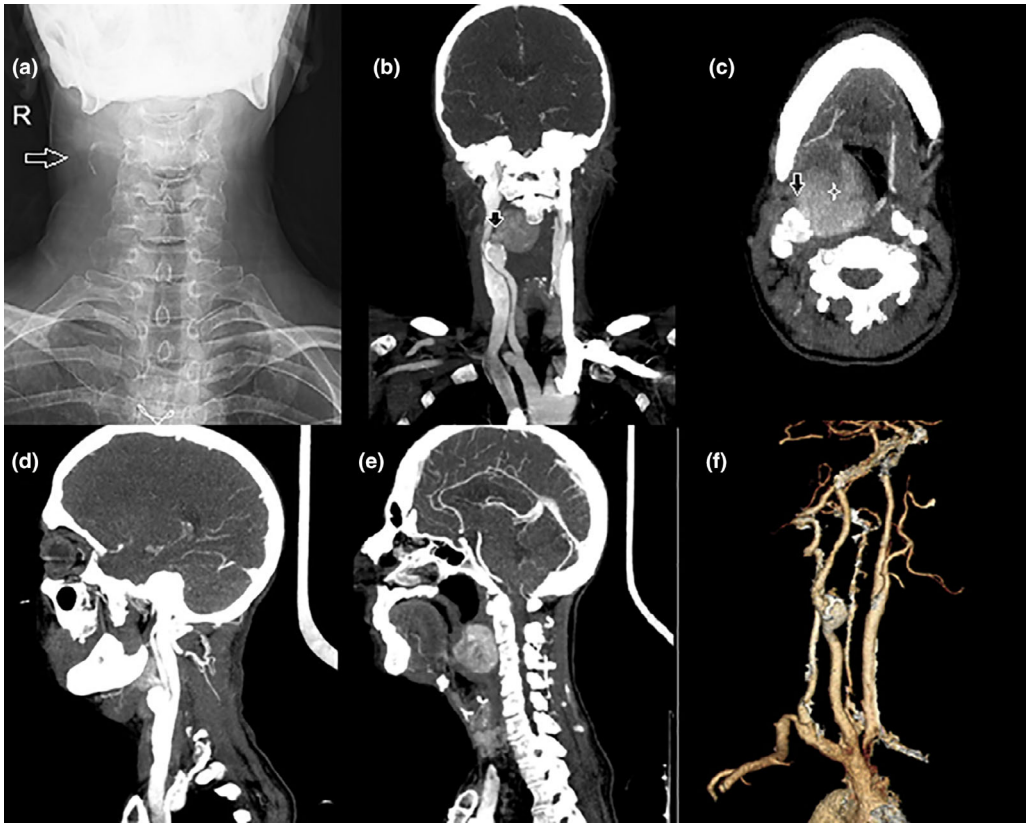
Clinical Images: Dysphagia and Respiratory Distress Along With A Curvilinear Calcification in the Neck Brightens Up an Undiagnosed Case of Huge Carotid Artery Pseudoaneurysm Due to Takayasu Arteritis



A 50-year-old woman was referred with 2 weeks of progressive dysphagia and respiratory distress. Takayasu arteritis was diagnosed after the detection of a carotid artery pseudoaneurysm presenting with hypertension and aortic valve involvement that led to replacement and chronic renal insufficiency on dialysis starting 5, 3, and 2 years ago, respectively. She was on warfarin for her prosthetic aortic valve. On examination, she had a 4-cm non-pulsatile mass on the right side of the neck. In her frontal projection cervical spine radiograph, a "curvilinear calcification" associated with soft tissue prominence in the right submandibular area was detected that was an old aneurysm with a calcified wall (Figure 1a, right arrow). Coronal (Figure 1b), axial (Figure 1c), and sagittal (Figure 1d) contrast-enhanced computed tomographic angiography of the neck and a three-dimensional reconstruction (Figure 1f) revealed large (41 × 34 mm) pseudoaneurysm in the anteromedial aspect of right internal carotid artery with mural thrombosis (Figure 1c, four-point star). The pseudoaneurysm had a wide neck arising from the carotid artery (Figure 1b and 1c [down arrow] and Figure 1d) with pressure effect on the aerodigestive tract (Figure 1e). In addition, stenosis of the left subclavian, left vertebral, common carotid arteries, and both renal arteries, which led to small-size kidneys, were detected. The laboratory data showed erythrocyte sedimentation rate of 115 mm/h and C-reactive protein of 150 mg/L. Her pseudoaneurysm was treated surgically by a vascular surgeon. The patient was discharged with an uneventful postoperative course. The rheumatologist started high-dose prednisolone along with mycophenolic acid; then, it was changed to leflunamide and a tumor necrosis factor (TNF)-alpha inhibitor. It seems the diagnosis of takayasu arteritis was delayed about 7 to 8 years or more, when she gradually developed renal artery stenosis and hypertension led to chronic renal failure and aortic valve insufficiency; ultimately, she developed tracheal and esophageal stenosis owing to large carotid pseudoaneurysm with the rim of calcification around it, which shows the progressive course of takayasu arteritis.

Author disclosures are available at https://onlinelibrary.wiley.com/action/downloadSupplement?doi=10.1002%2Facr2.11389&file=acr211389-sup-0001-Disclosureform.pdf.

Hamed Ghoddusi Johari, MD
Saeedeh Shenavandeh, MD
Alireza Rasekhi, MD
Shiraz University of Medical Sciences
Shiraz, Iran