

# “A Bomb in the Chest”—Multiple aortic lesions in a patient with Takayasu’s arteritis

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A 19-year-old female university student was admitted to our hospital, and she presented with fever and back pain for 15 months. The patient initially suffered from recurrent fever, upper back and neck pain, and intermittent claudication over her left upper extremity. On admission, she was pulseless on her left radial artery and the blood pressure was 70/45 mmHg and 95/60 mmHg over her left and right arm, respectively. She has strikingly elevated levels of erythrocyte sedimentation rate and Creactive protein. The color Doppler ultrasonography showed a dilatation of the initial segment of the left subclavian artery and occlusion of her right common carotid artery. Computed tomography angiography (CTA) revealed a cystic dilatation at the initial segment of the left subclavian artery as well as vessel wall thickening and localized stenosis at the right common carotid artery, aortic arch, and thoracic aorta lumen. Aortic dissection and vascular pseudolumen were also noted in the CTA. (Figure 1).<sup>[1–3]</sup>

The patient was diagnosed with Takayasu’s arteritis and treated with high dose of glucocorticoids and methotrexate. Her symptoms resolved soon after the treatment but recurred several times once the prednisone was tapered



Figure 1: The CTA revealed a cystic dilatation (asterisk) of thoracic aorta. Vessel wall thickening (arrow head) and aortic dissection with vascular pseudolumen (arrow) were also noted in the CTA. CTA, computed tomography angiography. MIP: Maximum Intensity Projection.

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to <30 mg/d. Azathioprine, leflunomide, and cyclosporine were added successively as steroid-sparing agents but all failed to produce any satisfactory effect. Then, she was treated with tocilizumab intravenously and responded well, and the dose of prednisone was successfully tapered to 7.5 mg/d.

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#### Patient Informed Consent Declaration

*The authors certify that they have obtained all appropriate patient consent documents. In the documents, the patient has given her consent for her images and other clinical information to be published in the journal.*

#### Conflict of Interest

*Qian Wang is an Editorial Board Member of the journal. The article was subject to the journal's standard procedures, with peer review handled independently of this member and his research groups.*

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None.

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