



# Stroke as a first manifestation of Takayasu disease

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## Objectives:

- chronic inflammatory disease of unknown etiology, which affects the aorta and its branches
- incidence of stroke in patients with TA is 10-20%
- our case consists in a patient afflicted by TA who developed a stroke in territory irrigated by the medial cerebral artery (MCA), without previous symptoms

## Background:

- TA - a nonspecific chronic arteritis, diagnosed mostly in young women (2<sup>nd</sup> or 3<sup>rd</sup> decade of life).
- thickening of the arterial wall due to inflammation leads to fibrosis, stenosis, occlusion, thrombosis and forming of aneurysms
- clinical - from minimal changes like a diminished pulse to severe neurological complications
- Neurological manifestations appear in 50% of the cases (headache, vertigo, amaurosis, seizures)

## Case description:

- a 40 year old female with left hemiplegia (involving the face also) and left hemianesthesia.
- CT scan : an acute infarction in the right MCA territory.
- Clinicaly: a difference in the arterial tension values measured on both arms and an absence in the peripheral pulse in both legs (pedis artery)
- transthoracic echography :the absence of subclavian and carotidian flux on the right side
- a chest and cervical CT scan - confirmed the occlusion in the right subclavian and carotid artery and revealed the thickening of the thoracic aorta and a low pulse in the left carotid artery
- the blood tests : normal parameters (except a medium elevated VSH)
- a temporal artery biopsy – normal
- The patient received the specific treatment for acute stroke and corticotherapy
- an angiography was performed and two stents were inserted in the left carotid artery.

## CONCLUSIONS:

What sets this case aside is the fact that our patient developed a cerebral infarction in the whole MCA territory due to vascular changes secondary to Takayasu disease which was otherwise asymptomatic till then.

### References:

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