CLINICAL SOCIETY MEETING dated 4/12/2014

PULSELESS DISEASE WITH VISUAL LOSS

Unit 1, Department of Medicine, Department of Radiodiagnosis

Ms Neelu, 19yrs/Female, was referred to Medicine OPD in HAH Centenary Hospital, with chief complaints of headache, nausea and vomiting, gradual diminution of vision in left eye since last 10-15 days. Her Fundus examination showed macular edema, haemorrhage along the temporo-inferior arcade. On examination, it was found that her right radial pulse was feeble and not palpable on left side. Left carotid was felt to be very feeble. Lower limb pulses were palpable normally. BP was not recordable on upper limbs In contrast to it, blood pressure was found to be higher than normal in lower limbs. Bruit was heard in epigastric region. Her ECG showed LVH and LAHB. Clinical diagnosis of Pulseless disease (Takayasu’s Arteritis) was made. To confirm the diagnosis CT Arteriography (Pic-1) was done which showed total occlusion of left subclavian artery, narrowing of abdominal aorta, left renal artery partial occlusion of left renal artery. Patient was put on pulse steroid in view of macular edema and referred to higher centre for angioplasty and stenting, if required.

Pic-1

Complete occlusion of left subclavian artery

Narrowing of abdominal aorta

Partial occlusion of left renal artery
Multiple Choice Questions

(A) Takayasu’s Arteritis is characterized by:
   1. Intimal fibrosis
   2. Renal hypertension
   3. Coronary aneurysm
   4. All of the above

(B) The most common leukocytoclastic vasculitis affecting children is –
   1. Takayasu’s arteritis
   2. Kawasaki disease
   3. Henoch Schonlein Purpura
   4. Polyarteritis nodosa

(C) Of the following vasculitis, coronary artery aneurysms are most often seen in
   1. Kawasaki disease
   2. Giant Cell arteritis
   3. Wegener's granulomatosis
   4. Leucocytoclastic vasculitis

(D) One of the proposed causes for Takayasu arteritis in India is
   1. Rheumatic fever
   2. Rheumatoid arthritis
   3. Tuberculosis
   4. Periodontitis