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Yoshinori L. Doi

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Ultrasonographic Images of Takayasu's Arteritis

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Hiroaki Kitaoka, MD; Yoshinori L. Doi, MD, PhD

A 41-year-old woman was first admitted in August 1992 because of a persistent fever of 102.2°F and chest pain. Her sedimentation rate was 91 mm in the first hour, and C-reactive protein was 9.0 mg/dL. Angiography at that time showed occlusion of the left upper pulmonary artery (Figure, A) and normal bilateral common carotid and vertebral arteries (B). A diagnosis of Takayasu's arteritis in the acute stage was made. Her condition improved rapidly after the initiation of prednisolone 30 mg/d.

In March 1996, the patient developed bilateral neck tenderness associated with elevated γ -globulin and leukocytosis. Diffuse circumferential thickening of the intima-media complex was found in bilateral proximal common carotid arteries

by B-mode ultrasonographic study, resulting in long segmental narrowing of the lumen (2.6 mm in luminal diameter) (C and D) that was also shown by angiography (E). She was once again put on prednisolone 30 mg/d, and her bilateral neck tenderness gradually resolved. Reduction in thickness of the intima-media complex was noted after steroid therapy for 2 months (3.2 mm in luminal diameter) (F).

This ultrasonographic demonstration of the inflammatory process of the intima-media complex is consistent with the pathological observation of inflammatory changes seen mainly in the media associated with secondary intimal thickening and may be useful in the diagnosis of Takayasu's arteritis.

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Circulation encourages readers to submit cardiovascular images to Dr Hugh A. McAllister, Jr, St Luke's Episcopal Hospital and Texas Heart Institute, 6720 Bertner Ave, MC1-267, Houston, TX 77030.

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