

LONG ABDOMINAL AORTIC STENOSIS – A CASE OF TAKAYASU ARTERITIS

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A 77-year-old female Caucasian patient with known Takayasu's arteritis diagnosed at 20 years of age was admitted to the emergency department due to diffuse sudden-onset abdominal pain. On physical

examination, femoral pulses were feeble. Laboratory results were unremarkable. Abdominal CT angiography showed a long abdominal predominantly infra-renal aortic stenosis (Figures 1 and 2).

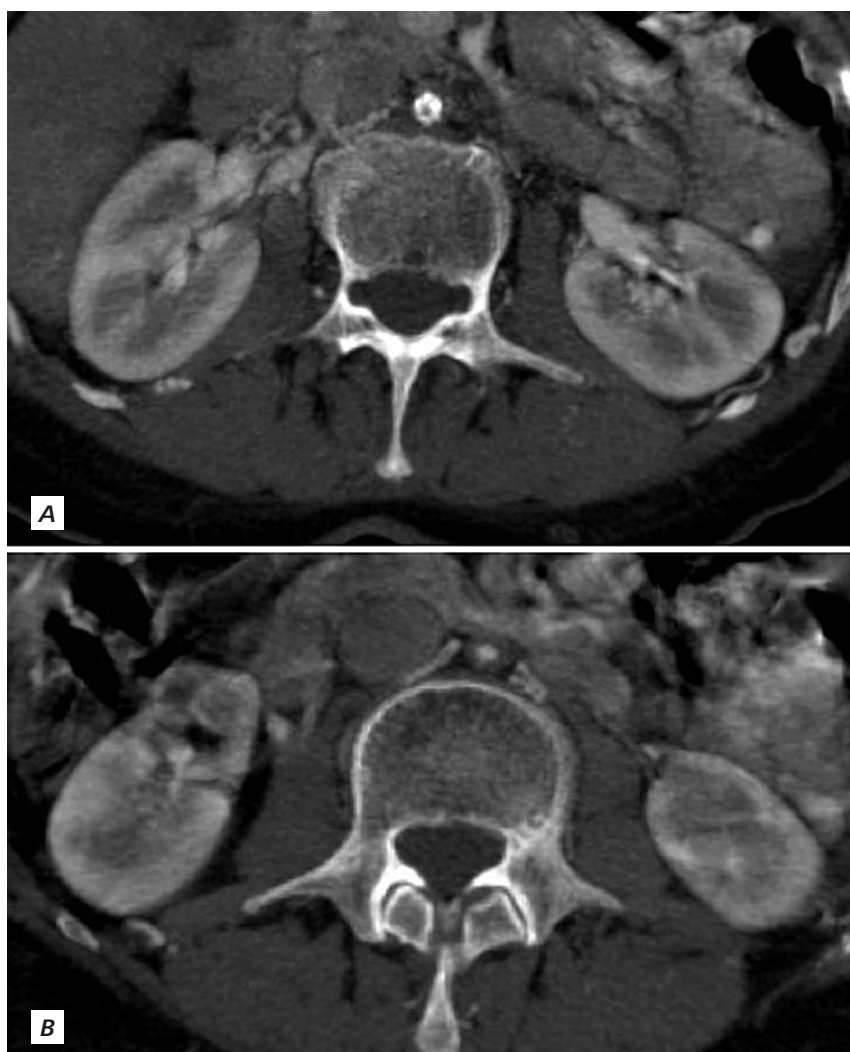


Figure 1

MSCT angiography. Thin maximum intensity projection (MIP) axial images. **A** – markedly reduced lumen of the abdominal infra-renal aorta, with a maximum diameter of less than 1 cm, with circumferential extensive calcifications. **B** – At a lower level, marked luminal reduction with peripheral and circumferential hypodense thickening of the aortic wall can be seen in keeping with the diagnosis of Takayasu Arteritis.



Figure 2

A - 2D curved reformatted thin MIP coronal image shows collateral circulation and the inferior mesenteric artery with a larger calibre than usual. B - 3D volume-rendered (VR) reformatted image shows the long stenosis extending from the infra-renal aorta to the iliac arteries with extensive calcifications. The large calibre of the inferior mesenteric artery and aortic arch involvement can also be appreciated.