77. A 50-Year-Old Women With Syncope and Claudication of Extremities

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Body

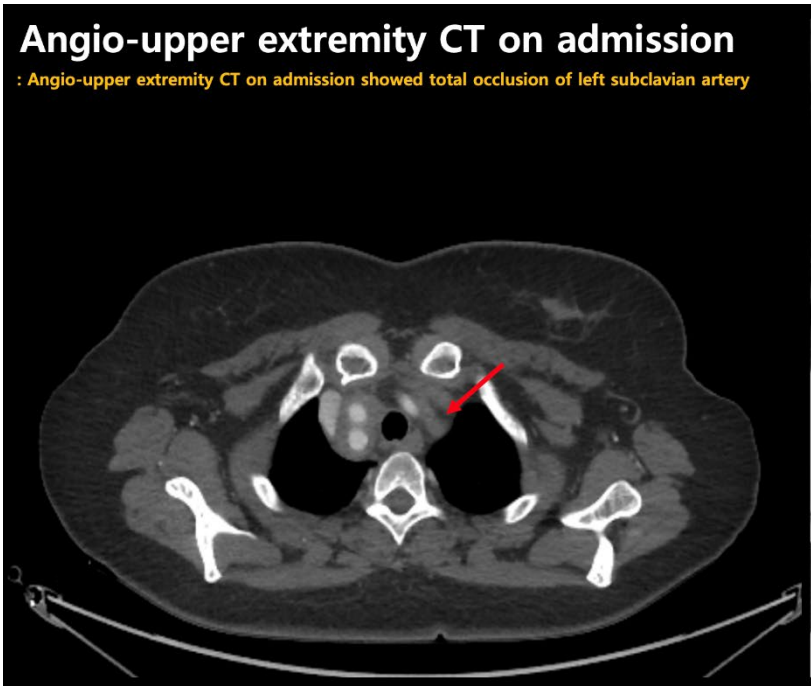
Background: Takayasu's arteritis(TA) is a disease that causes inflammation and stenosis of middle to large blood vessels. It mainly invades the aorta and its primary branches. TA occurs often in young Asian women and most of them develop at the age of 10 to 40 years old. We dealt with a case of a middle-aged woman who complained of syncope and claudication of left arm and right leg due to multiple peripheral arterial disease caused by TA.

Case: A 50-year-old woman with a history of recently diagnosed hypertension presented with syncope occurring when replacing the fluorescent lamp. Furthermore, according to history taking, she had felt claudication on her left arm and right thigh from 6 months ago. On physical examination, she showed unusual difference in blood pressure between the left and right arms, and upper extremity computed tomography showed total occlusion of the left subclavian artery at the origin. TA was diagnosed based on the modified diagnostic criteria and was classified as type IIa according to angiographic classification. It could be inferred that the syncope was caused by the subclavian steal syndrome. Peripheral arteriography revealed hemodynamically significant stenosis of right iliac artery and total occlusion of left subclavian artery. As there were symptoms of claudication and cerebral ischemia, we performed percutaneous angioplasty at the left subclavian and the right iliac arteries. In cooperation with rheumatologist, standard medical treatment of TA was performed under the diagnosis of active stage of TA. The patient showed improvement in symptoms and discharged from the hospital. Since then, hypertension disappeared during outpatient follow-up, and symptoms have been improved so far.

Discussion: The subclavian steal syndrome consists of transient episodes of vertebrobasilar ischemia due to obstruction or severe stenosis of the proximal subclavian artery with reversal of direction of blood flow in the ipsilateral vertebral artery and stealing blood from the contralateral vertebral artery. In this case, a middle-aged woman presenting with syncope and claudication of extremities was finally diagnosed with TA, not typical peripheral arterial disease.

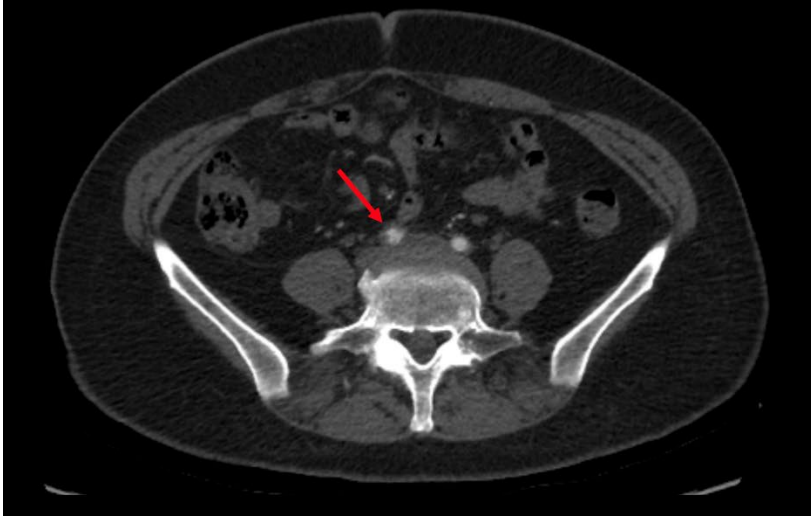
Angio-upper extremity CT on admission

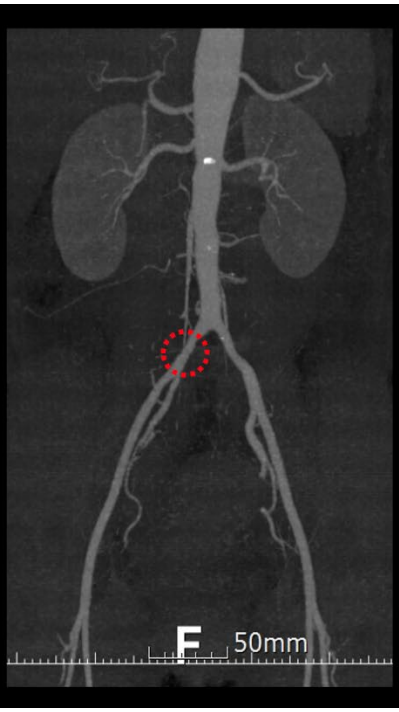
: Angio-upper extremity CT on admission showed total occlusion of left subclavian artery



Angio-Lower extremity CT on admission

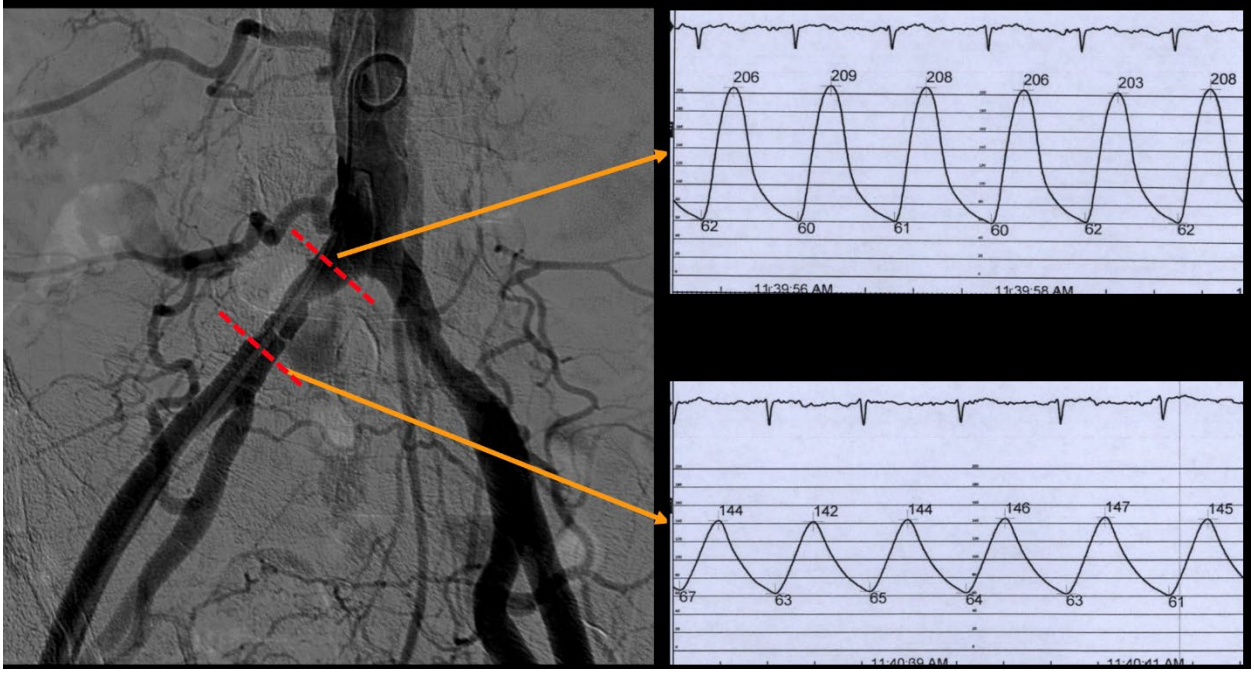
: Angio-Lower extremity CT on admission showed mild stenosis of right common iliac artery





Hemodynamic evaluation using catheter-guided translesional pressure gradient

: Hemodynamic evaluation showed significant stenosis at suspected right common iliac artery

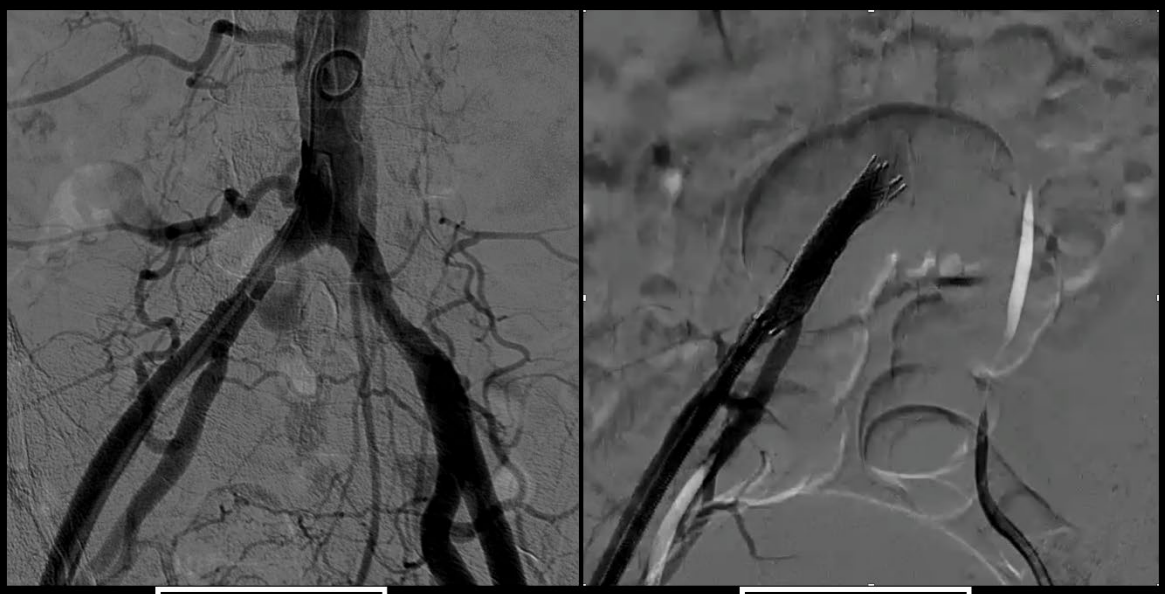


DSA images of left subclavian artery before and after PTA

Pre-PTA

Post-PTA

DSA images of right common iliac artery before and after PTA



Pre-PTA

Post-PTA