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RECURRENT PERICARDICAL EFFUSION IN A 58-YEAR-OLD MAN AS INITIAL MANIFESTATION OF TAKAYASU ARTERITIS: A CASE REPORT

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BACKGROUND

Takayasu arteritis (TAK) is a chronic vasculitis that affects large and medium-sized arteries. Rare, it predominantly affects young female adults. Clinically, it is characterized by constitutional, neurological and musculoskeletal symptoms, arterial hypertension, reduction of peripheral pulses and vascular murmurs. In this study, we report an atypical case of TAK in men, whose initial manifestation led to the diagnosis of pericardial effusion.

CASE REPORT

A 58-year-old man, hypertensive for 3 years, with deficiency in blood pressure control, reporting progressive worsening dyspnea on medium exertion associated with lower limb edema and increased abdominal volume. After cardiac assessment, an echocardiogram was performed, which showed moderate/significant pericardial effusion, with signs of restriction. After cardiac surgery evaluation, he was admitted. He presented altered kidney function (creatinine: 1.75 mg/dL) and submitted to drainage of pericardial effusion, with a pericardial biopsy, which revealed nonspecific chronic pericarditis. After 8 days, he presented recurrence of pericardial effusion, with hemodynamic repercussion, submitted to new drainage by thoracotomy and pericardial biopsy, which showed chronic lymphocytic inflammation, with foci of neutrophilic exudation. After using a single dose of angiotensin-1 receptor blocker, he developed a sudden episode of anuria, a significant decline in kidney function, requiring dialysis therapy. For this reason, renal artery doppler was requested, with a finding of the right renal artery with stenosis greater than 60% and pyelocalycol dilation on the right. Abdominal aortic computed tomography angiography (Fig. 1): slight diffuse/concentric parietal thickening of the abdominal descending aorta, foci of mural calcifications down to the level of the iliac arteries, stenosis of the emergencies of the renal arteries, celiac trunk, upper and lower mesenteric and common iliac arteries; findings suggestive of TAK. Computed tomography angiography of the thoracic aorta and supra-aortic trunks, carotid and vertebral doppler, VDRL, HBsAg, anti-HCV, ANA, rheumatoid factor, thyroid function, without changes, as well as ADA and LDH of the pericardial fluid. These findings made the diagnosis of TAK possible. Initiated therapy with methotrexate and indicated right renal artery angioplasty.

Figure 1. Abdominal aortic computed tomography angiography: slight diffuse/concentric parietal thickening of the abdominal descending aorta, foci of mural calcifications down to the level of the iliac arteries, stenosis of the emergencies of the renal arteries, celiac trunk, upper and lower mesenteric and common iliac arteries.

CONCLUSION

The case described here shows TAK with atypical presentation, as it appears in a man, over 40 years old, without constitutional symptoms or characteristic physical examination findings, with cardiological activity (pericardial effusion, recurrent) as the initial manifestation. Upon investigation, stenosis in the descending aorta was evidenced, among them, renal artery stenosis, which justified the difficult to control hypertension reported. This stenosis, a serious and rare manifestation, according to the literature.