PSORIATIC ARTHRITIS AND TAKAYASU ARTERITIS: A RARE ASSOCIATION – CASE REPORT

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BACKGROUND

Psoriatic arthritis (PsA) is an immune-mediated inflammatory disease affecting joints and entheses, with a numerous articular and extra-articular involvement. There are five clinical subtypes described: oligoarticular, polyarticular, distal, axial (that involves the spine and sacroiliac joints) and mutilans. Peripheral joints radiographs often reveal bone loss with eccentric erosions, joint-space narrowing, ankylosis and enthesophytes, while magnetic resonance imaging (MRI) demonstrate focal erosion, synovitis and bone edema. Its treatment ranges from nonbiologic disease-modifying antirheumatic drugs (DMARDs) to biologic DMARDs. Spondyloarthropathies can be accompanied by cardiovascular lesions; however, only few cases of PsA associated with Takayasu's arteritis (TA) have been published. TA is an idiopathic granulomatous large-vessel vasculitis that predominantly affects young females and involves the aorta, its proximal branches and pulmonary arteries. The inflammation can result in stenosis, dilation, or aneurysm formation. Nonspecific symptoms include fever, night sweats, weight loss, arthralgia, myalgia, and anemia. As the inflammation progresses, it becomes more apparent, with diminished or absent pulses, vascular bruits, hypertension, retinopathy, aortic regurgitation, congestive cardiac failure, seizures, amaurosis, erythema nodosum. Due to the absence of biomarkers and difficulty in accessing tissues for pathological examinations, it is necessary to trust imaging being angiography the gold standard. Since it is an invasive method, some alternatives are computerized tomography angiography and magnetic resonance angiography (MRA). Initial treatment involves immunosuppression with systemic glucocorticoids and nonbiologic DMARDs, in some cases the use of biologic DMARDs or surgical intervention may be necessary.

CASE REPORT

A 28-year-old woman present an inflammatory pattern of low back pain accompanying by morning stiffness and psoriatic plaques for 5 years. Lumbar spine MRI revealed asymmetric sacroiliitis and sacroiliac synovitis, HLA-B27 was negative and excluding differential diagnoses, the diagnosis of PsA was made. Treatment with secukinumab was established after etanercept failure, with improvement of the lumbar condition and skin lesions but due to persistence of asthenia and thoracic back pain an MRI of the cervical and thoracic spine was requested for disease activity showing suggestive signs of aortitis. The MRA revealed areas of stenosis in the aortic arch, subclavian and right common carotid artery origin, suggestive of TA.

CONCLUSION

Due to case rarity and difficulty of diagnosis, it is important to be aware to the patient's clinic when, despite the appropriate treatment instituted, symptoms persist, and consider differential diagnoses or concomitant diseases. Hence, the report is important for the medical community, in view of highlighting the rare association between PsA and TA.

KEYWORDS

Psoriatic arthritis, Takayasu arteritis, aortitis.