**TAKAYASU ARTERITIS PRESENTING WITH DIFFUSE AORTIC ULCERS**

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*Background:* Takayasu arteritis is a chronic vasculitis of unknown etiology and poorly understood pathogenesis. It primarily affects the aorta and its primary branches. Despite the presence of multiple criteria designed to distinguish this disorder from other forms of vasculitis, the diagnosis of Takayasu arteritis remains elusive.

We present the case of a 54 year old female who presented with a syncopal episode. Her past medical history included a stroke one year prior and isolated episode of uveitis three years prior. She is a nonsmoker and has no notable family history. Extensive review of systems revealed only mild arthralgias and fatigue. Physical exam was remarkable for a loud diastolic murmur. Transthoracic echocardiogram revealed severe aortic regurgitation. Transesophageal echocardiogram found restriction of all three cusps with failure to coapt and resultant severe regurgitation. Imaging of her aorta showed diffuse thickening of all visualized segments with variable lucencies and small mobile elements. Further evaluation with a CT angiogram described calcified and noncalcified atherosclerosis along the entire course of the aorta with numerous focal outpouchings, suspicious for penetrating ulcerations. Severe stenosis of the superior mesenteric artery, celiac artery and bilateral renal arteries were noted. Workup for vasculitis was negative including ANA and ANCA. She had normal CRP and ESR. She underwent repair of the aortic root and aortic valve replacement. Surgical pathology revealed non-necrotizing giant cell arteritis, consistent with Takayasu Arteritis.

*Conclusion*: The diagnosis of Takayasu arteritis can often be delayed and difficult to make owing to the spectrum of presentation, extent of vessels involved and pace of disease progression. Surgical interventions should be delayed until the acute inflammatory state is treated; however assessment of disease activity can be challenging as there are no specific serological biomarkers that can reliably distinguish the active and quiescent phases.