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## 32 years old female with pulseless carotid

Said M Al Maawali  
The Royal Hospital, Oman

Takayasu arteritis (TA) is a granulomatous large vessel vasculitis that involves the aorta, its major branches and pulmonary arteries. Diagnosis of TA remains challenging due to the non-specific symptoms. Given its systemic nature, Takayasu's arteritis has multiorgan involvement, with the majority of disease morbidity related to the cardiovascular, central nervous and renal systems. Despite the increasing identification of young adult with TA, reports of disease in young population are still scarce. A 32-year old lady, presented to neurology outpatient clinic as a referral from primary health care with h/o sudden onset slurring of speech that lasted for almost 24 hours with full recovery after. A month later she presented with dense left upper limb weakness that gradually improved but with residual deficit. She gave no other symptoms apart from significant unintentional weight loss (15 kg last 6 months) and non specific bilateral lower limbs joints pain. She has negative family history for stroke. She was not on any regular medications. Her clinical examination revealed a thin built female with blood pressure of 154/95 mmHg, heart rate of 91 beats/min, respiration rate of 20/min and body temperature of 36.9°C. It was also found that she has pulseless right carotid artery, weak left carotid artery pulse with significant bruit; weak pulses of left brachial artery and bilateral popliteal arteries; Left upper limb hemiparesis with power of 4+/5 (proximally as well as distally) and normal symmetrical reflexes with flexor planters bilaterally. Other clinical examination was not remarkable. This case illustrates a severe presentation of a rare illness. The patient came in with an uncommon complaint in her age. Her disease had progressed to a point where her long term survival is in jeopardy. Her CT angiography was particularly impressive for the amount of stenosis and collateralization required to maintain blood supply to the brain. It is important to suspect Takayasu's arteritis in young women who present with focal weakness or cryptogenic stroke. The disease course can be significantly modified by medications or radiological interventions, and requires frequent follow up. In the case of aggressive disease and non compliance, the disease would most likely prove to be fatal.

### Biography

Said M Al Maawali is working in Stroke Unit at the Royal Hospital Sultanate in Oman. He has published more than 5 papers in reputed journals.

[tuaras@gmail.com](mailto:tuaras@gmail.com)

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