Unusual and memorable.....

Case Number 27: Jaw claudication in Takayasu's disease

Series editor: Gary D Wright

Figure 1 Branches of the aortic arc.

A 30 year old woman presented with a three week history of symmetrical jaw claudication and episodes of pain in the left arm with a blue discolouration and loss of strength. Two years previously she was given a tentative diagnosis of Takayasu's disease after multiple large arterial vascular problems and severe general malaise. No immunosuppressive treatment had yet been started.

At that time all branches of the aortic arch were well perfused (fig 1). Even though no evident sign of temporal artery involvement was found, a temporal artery biopsy was performed, in which no inflammation was found.

Because a relapse of the vascular disorder was suspected, a magnetic resonance angiogram (MRA) was made (fig 2). The MRA showed a total occlusion of the left carotid, subclavian, and vertebral artery (right arrow). There was some retrograde filling of the left subclavian artery. The right side showed a clear carotid artery, which derives from a normal brachycephalic artery. However, the right vertebral artery was stenotic and presumably insufficient. Finally, a lusorial artery can be seen (left arrow), running from the origin of the left carotid artery to the right subclavian artery.

To enhance the function of the one remaining cervical artery a vascular stent was placed in the right carotid artery (fig 3), after which the jaw claudication and the complaints of the left arm disappeared and no cerebral reperfusion syndrome evolved.

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Figure 2 Magnetic resonance angiogram.

Figure 3 Vascular stent in the right carotid artery.