Pulse-less disease of Aortic Arch in Takayasu Aortoarteritis—Percutaneous intervention.

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Disclosure

Speaker name: Prof (Dr) Rajesh Vijayvergiya

I have the following potential conflicts of interest to report:

- [ ] Consulting
- [ ] Employment in industry
- [ ] Stockholder of a healthcare company
- [ ] Owner of a healthcare company
- [ ] Other(s)

☑️ I do not have any potential conflict of interest
Introduction

• Takayasu arteritis (TA) is a chronic inflammatory disease of the aorta and its major branches.

• The basic pathology is pan-arteritis that begins from the adventitial layer and spreads up to intimal layer, thereby leading to vascular manifestations.

• Slow progressive occlusion of the arteries in this disease commonly leads to collateral formation which supplies the distal vascular bed.

• The symptoms of cerebral ischemia are most often associated with obstructive lesions in multiple arch vessels.
Introduction

• Symptoms includes fainting spell on standing, altered sensorium, seizures, vertigo or visual disturbance.

• Those with severe ischemic cerebral symptoms needs intervention—percutaneous or surgical.

• Limited published case reports on endovascular treatment for this disease entity.
Case -1

• PD 16 yrs old girl presented in July 2012
  – Chronic headache, dizziness, photophobia-1yr.
  – Decrease vision in left eye- ischemic hypotensive retinopathy.

• On Exam- absent b/l UL and carotid pulsation.

• ESR 43mm in 1st hr., CRP +. On steroid from last 2 months.
CT Scan of Brain & Neck vessels
Rt Brachio-Cephalic artery

Rt BCA 100% occluded

7X150 mm SES in SCA and 7X120 mm SES in CCA. Kissing stenting in BCA.

28th July 2012
Lt Subclavian artery (SCA) Stenting.

2-mths later

Long segment Lt SCA-brachial artery block

8 X 100 and 7 X 100 mm SES

29th Sept 2012
Lt Subclavian artery (SCA) Stenting

- D2 post Lt SCA stenting- pain in left shoulder, local tenderness. USG normal.
- Pain persisted, D9- rpt USG showed Left subclavian mass ? Hematoma.
- Taken up for check angiogram D12.
Lt SCA pseudo-aneurysm +

SCA pseudo-aneurysm.

9X40 mm Fluency graft stent.

Follow-up

• 3 months of follow-up- headache improved. No dizziness, vision improved.
• CT scan improved perfusion of brain. USG Doppler patent Rt BCA and Left SCA stents. Fundus examination- improved perfusion.
Pre-intervention

Post-intervention

Fundus Examination
4-yrs of follow-up

Total 7 years of clinical follow up
Case 2
Case history

• 30 yrs old male presented in May 2014, with
  – recurrent syncope of 1 months duration.

• Past history of
  – Surgical bypass graft to Lt CCA, Lt brachial artery 6- yrs back.
  – Bypass graft occlusion within 1 yr following surgery.
  – TIA- Rt hemiparesis – 1yr back.
CT scan
Rt VA, CCA intervention

5x18 mm BES at VA. 7X18 mm BES at CCA.
Lt SCA, VA intervention

Lt CCA 100%

Lt. SCA 100%

Lt. SCA 7X20 BES, Lt VA 4X38 mm BES Promus EP

13th June 2014
Follow-up course

• 5 yrs clinical f/u - relatively asymptomatic

• 6-mths follow up CT scan:- patent b/l vertebral stents
Thanks
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