Teaching NeuroImages: Takayasu arteritis

Neuroimaging progression after immunosuppressant treatment

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Figure 1 3D magnetic resonance (MR) angiographic multiplanar reconstruction: Pre and post immunosuppressant treatment vertebral artery (VA)

(A) Severe stenosis in VA origin (red arrows). (B) Mild luminal narrowing of proximal diameter in VA (green arrows).

A 29-year-old woman presented with a 2-year history of heel pain, constitutional symptoms, and increased acute phase reactants. CT and magnetic resonance (MR) angiography revealed a thickening of aortic walls and a thread-like appearance of bilateral subclavian and common carotid arteries. The findings were consistent with Takayasu arteritis (TA)¹ and the patient was prescribed methylprednisolone, followed by azathioprine. Follow-up MR angiography, 6 years later, showed an important improvement with only a mild luminal narrowing of both common carotid arteries (figures 1 and 2, A and B). TA is a large-artery inflammatory disease of unknown etiology. MRI findings parallel clinical and serologic improvement during follow-up.

AUTHOR CONTRIBUTIONS

Laura Martínez Rodríguez: original idea and drafting content. Luis Caminal Montero: acquisition of data. Carmen García-Cabo Fernández: collection of information. Jorge Peña Suarez: image editing. Sergio Calleja Puerta: study supervision.

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DISCLOSURE

The authors report no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

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Figure 2 3D magnetic resonance (MR) angiographic multiplanar reconstruction: Improvement of distal thickness of the common carotid artery

(A) Before treatment with immunosuppressants (red arrows). (B) After 6 years of immunosuppressive therapy (green arrows).

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