

Acute Type B Dissection in Remission Phase of Takayasu Arteritis

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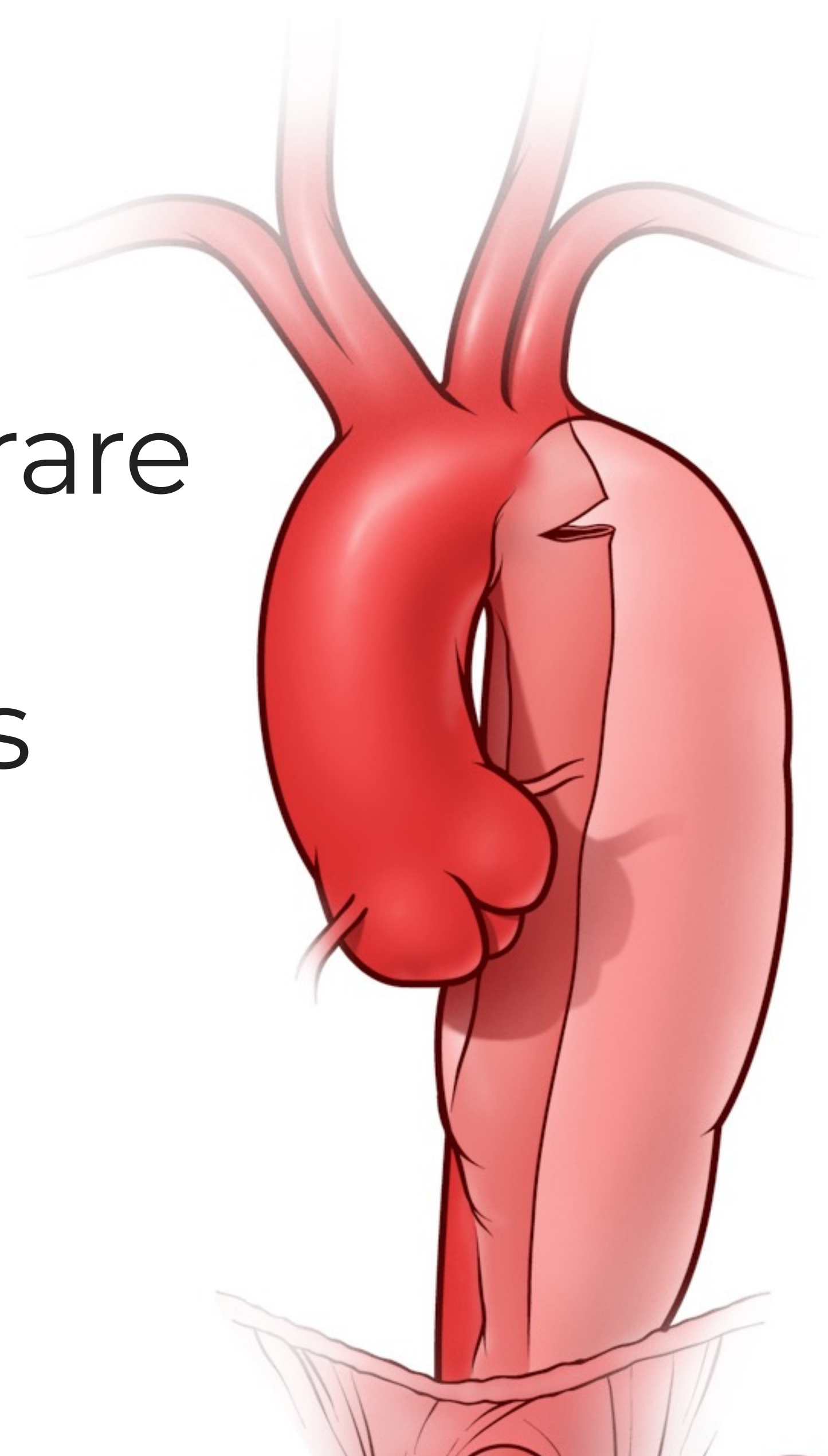

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Introduction

Acute dissection is an exceptionally rare complication in Takayasu arteritis, occurring in less than **1%** of patients



Case Report

We present a case with a history of Takayasu arteritis, who developed acute type B dissection (ATBD) during **remission** without aortic dilatation or inflammation.

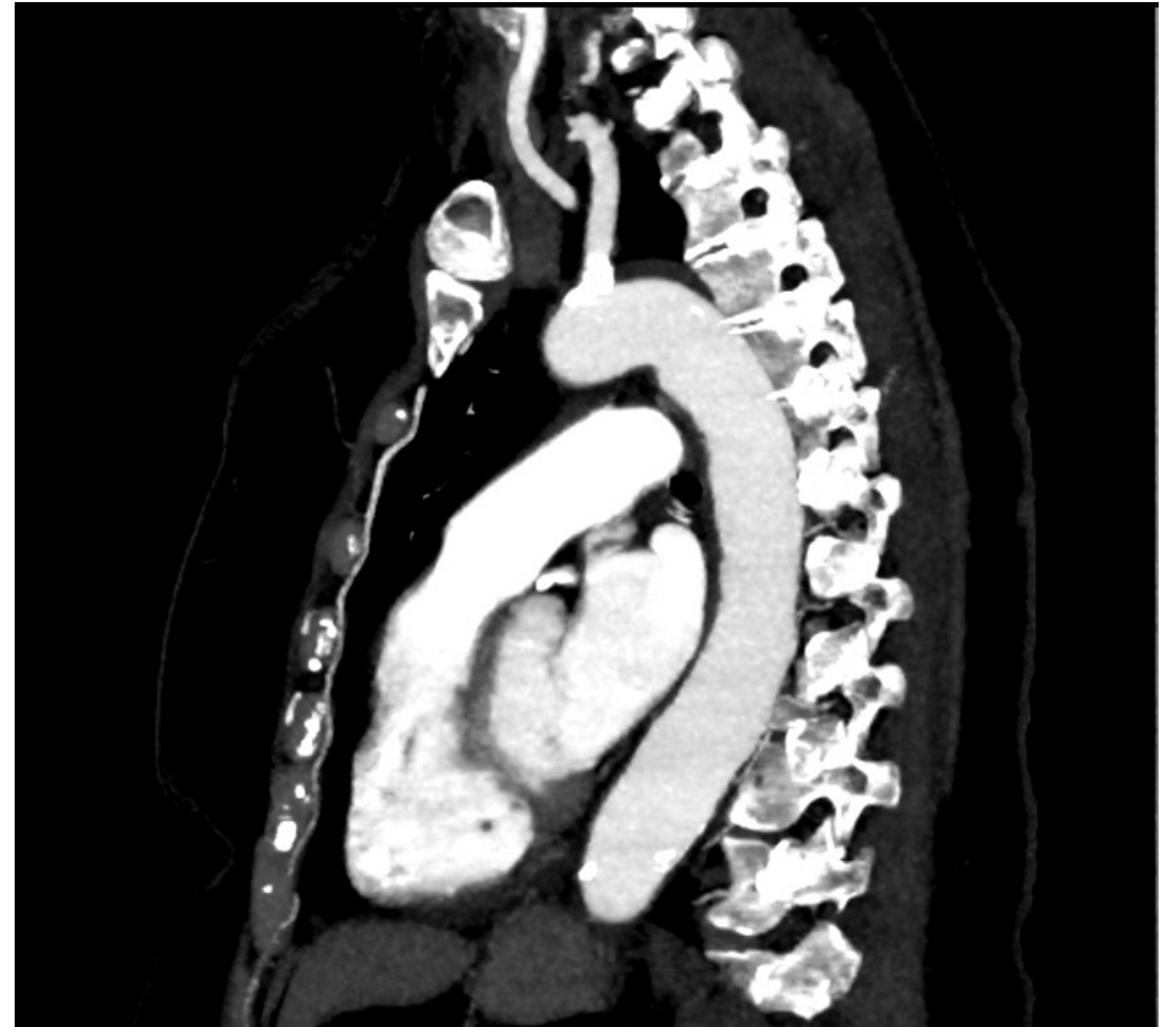
Case

64 years old, Female

- Prolonged history of Takayasu arteritis
- Steroid has been discontinued for 2 years without recurrence
- Blood pressure had been 110 mmHg

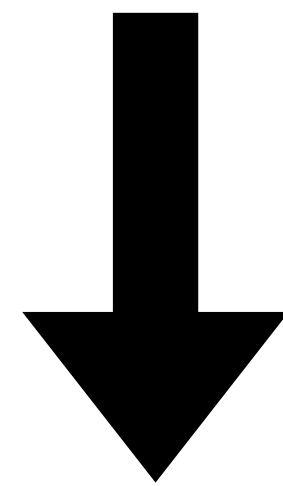
Routine Evaluation CT

(30 mm at descending aorta)



One month after CT

Sudden onset chest pain



Acute Type B dissection

(Extending from Zone 4 to 9)

Exclusively thrombosed FL
Maximum diameter of 35 mm



In hospital course

- Medical management
- Discharged to home without complications
- Stress dose steroids were tapered off over the course of 8 weeks

Conclusions

We encountered a case of ATBD in a patient with Takayasu arteritis, despite the absence of aortic dilatation during remission.

This underscores the critical need for proactive risk factor modification and regular aortic monitoring as indispensable components of long-term management