

Management of Takayasu Arteritis in Pregnancy and Delivery

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Case Report

A 30 year old primigravid patient diagnosed with Takayasu Arteritis at 16

At time of diagnosis she had complete obliteration of radial and brachial pulses with decreased right carotid pulse on doppler.

The patient was on prednisolone, tocilizumab, aspirin, omeprazole, calcium and vitamin D prior to pregnancy.

She had serial growth scans and a OGTT to screen for gestational diabetes which was normal.

The patient transferred care between hospitals, so at 38 weeks a MRA was performed which remained unchanged from previous imaging carried out in 2017 which showed narrowing in the distal right subclavian artery MRA image in figure 1.

The patient delivered a healthy baby boy vaginally at 39 weeks following induction.

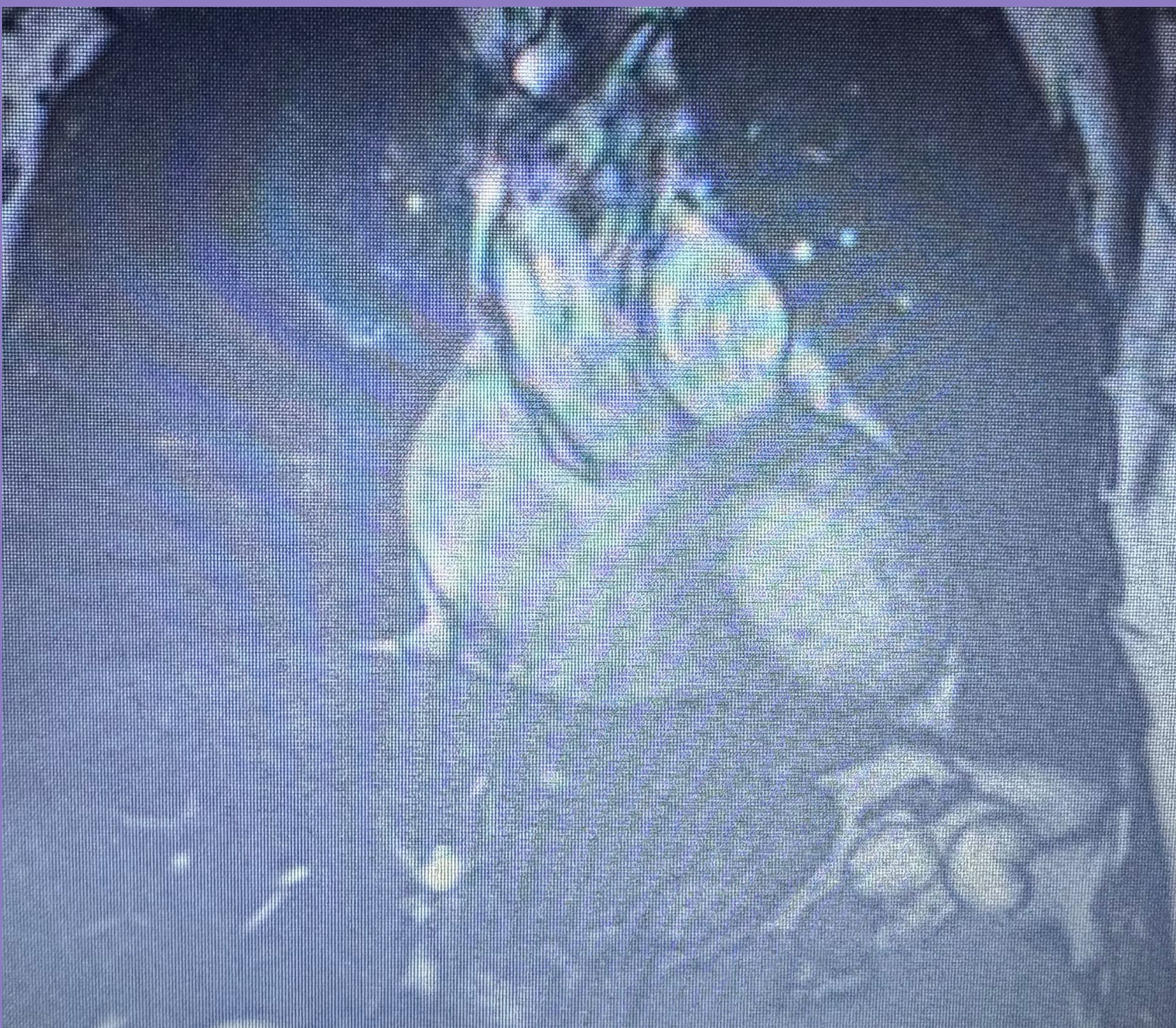


Figure 1: MRA image showing narrowing of right subclavian artery

MDT Plan

- Blood pressure monitoring- to ensure no fluctuations in blood pressure, leading to aneurysm rupture or lead to cerebral ischaemia
- Early epidural- to ensure no fluctuations in blood pressure
- IV hydrocortisone in labour
- Avoid ergometrine in event of PPH- due to risk of raising blood pressure
- Induction of labour at 39 weeks

Conclusion

Takayasu arteritis is a large vessel vasculitis, which commonly affects young women under 40 years old.

Having adequate blood pressure control and disease activity reduced to a minimum is vital to ensure safe outcomes for mother and foetus, with a close collaboration between the MDT.

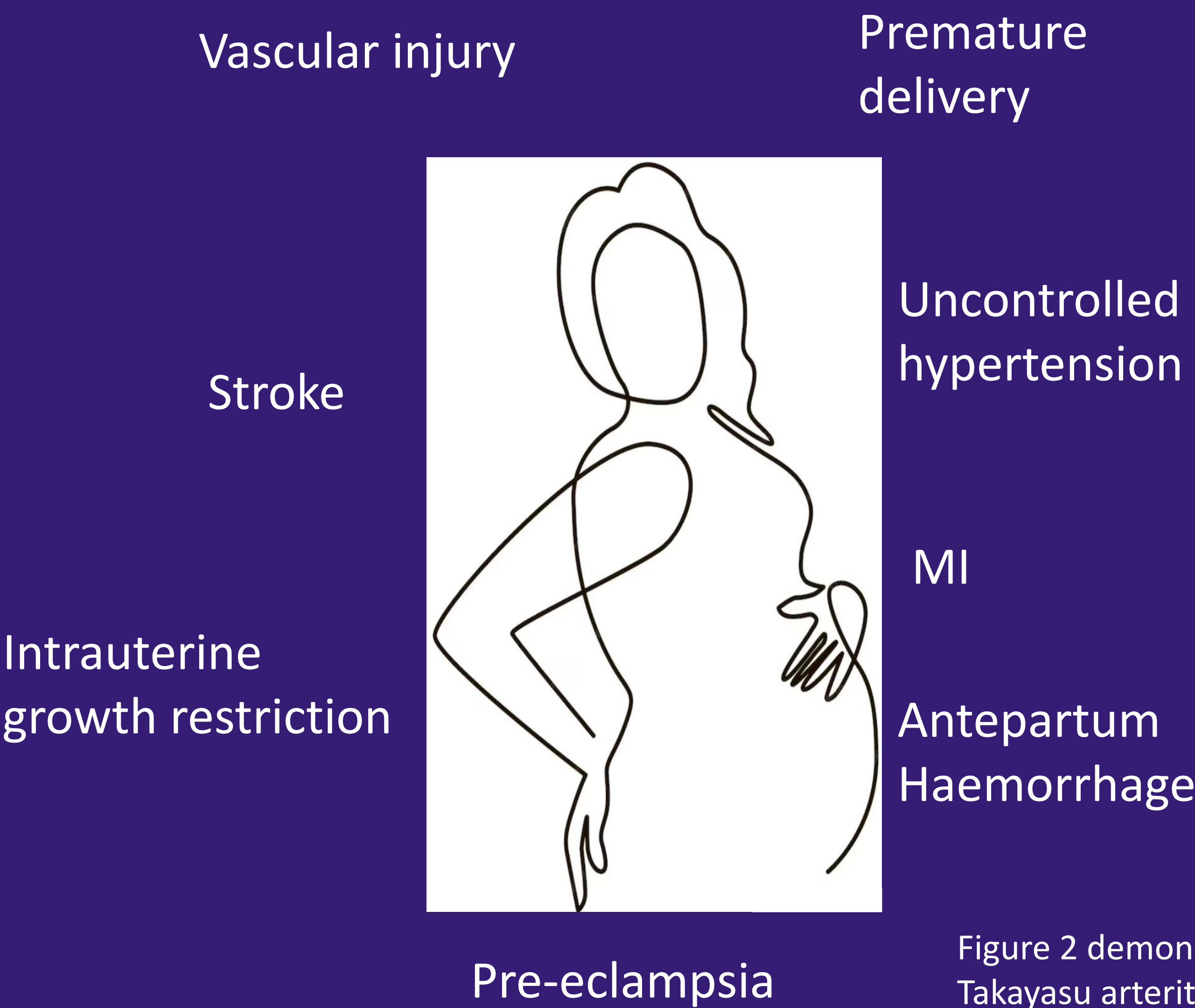


Figure 2 demonstrating risks of Takayasu arteritis on pregnancy both maternal and fetal

References
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