

INTRODUCTION

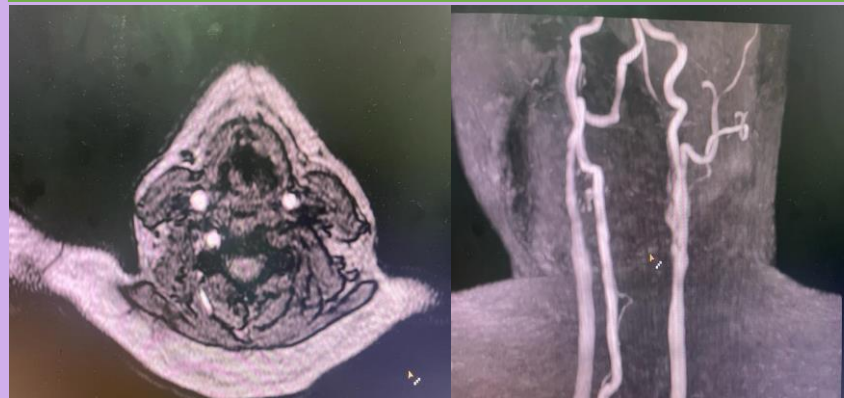
Takayasu's arteritis is a rare, chronic inflammatory disease of unknown cause, primarily affecting young women in their reproductive years. It can result in the narrowing and occlusion of arteries and the formation of aneurysms especially in aorta, creating significant risks during pregnancy.

CASE SERIES

- **Case 1** : A 27yr old primigravida with hypothyroidism at 16 wks during her regular antenatal checkups was found to have absence of pulse in Lt upper and lower limbs and significant difference in BP in both the arms.
- During evaluation, pt was found to have narrowing and stenosis in multiple branches of aorta on MR Angiogram. Treatment was started with antihypertensives, immunosuppressants.
- She was found to have oligohydramnios and FGR. She underwent emergency LSCS for absent end diastolic flow at 29 wks, delivering a male child of 835 gms.
- **Case 2** : A 32 yr old G3P1L1A1 lady a k/c/o Takayasu arteritis from 2012, planned her pregnancy in remission state.
- Had regular antenatal checkups with BP monitoring, (normal), delivered a healthy male child of 2.4 kg vaginally at 37 wks 2 days.

OBJECTIVES

- In this case series are two cases of Takayasu arteritis in pregnancy.
- 1st case was diagnosed antenatally and had complications like fetal growth restriction and deranged Dopplers and was delivered earlier.
- In the 2nd case, disease was already diagnosed, and pregnancy was planned in remission state. Antenatal and postnatal periods were uneventful and had a good neonatal outcome.



REFERENCES

- *Analysis of risk factors for complications and adverse obstetrical outcomes in women with Takayasu arteritis: a French retrospective study and literature review.* Abisror N, Mekinian A, Hachulla E, Lambert M, Morel N
- *Bharuthram N, Tikly M. Pregnancy and Takayasu arteritis: case-based review. Rheumatol Int. 2020*

DISCUSSION

- Pregnant women with TA are at increased risk of hypertension, miscarriage and FGR especially with high disease activity during conception.
- Diagnosis is usually confirmed by MRI or DSA.
- The pregnancy should be ideally planned in remission state.
- During routine antenatal visits, serial monitoring of BP, renal function and cardiac status of mother is done.
- Fetal surveillance with DFMC, serial growth, liquor and Doppler monitoring is done.

CONCLUSION

- Takayasu arteritis should be considered as a differential diagnosis in a young female presenting with hypertension.
- Careful assessment, prevention and management of the complications, regular antenatal followup to assess fetomaternal wellbeing is needed.
- Preferably, a multidisciplinary approach involving obstetrician, cardiologist, rheumatologist, anaesthetist and neonatologist is adopted to improve the maternal and fetal outcome.