

Arterial Hypertension in Takayasu's Disease: Apropos of 14 cases

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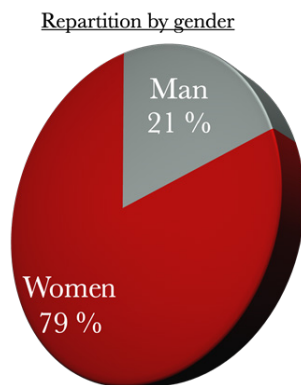
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Introduction

Takayasu's Disease (TD) is a chronic panarteritis that can manifest as arterial hypertension (HTA) whose mechanisms are multiple; sometimes entangled. The objective of our study was to determine the epidemiological-clinical profile and the mechanism of hypertension in Takayasu's disease.

Method

This was a retrospective study collecting all patients diagnosed in the vascular surgery department over the period from January 1998 to December 2022. American College of Rheumatology (ACR) criteria were used to make the diagnosis of MT.



The WHO, ANAES and JNC IV criteria were used to diagnose and classify hypertension.

Results

They were 11 women and 3 men whose mean age was 32.8 ± 7.3 years. Mean SBP was 191 ± 3.7 mmHg, diastolic 108 ± 21.4 mmHg.

Hypertension was initially diagnosed by anis tension (n=9), neurosensory signs (n=3), OAP (n=3) or by systematic blood pressure measurement (n=3). The hypertension was grade I in 02 patients, grade II in 03 patients, grade III in 08 patients and grade IV in 01 patient.

After CT angiography in 07 patients or arteriography in 05 patients, the retained mechanisms of hypertension were: stenosis of a renal artery (n=6), stenosis of the renal artery in a single kidney (n=1), carotid stenosis (n=2), multiple mechanism (n=2), indeterminate mechanism (n=5).

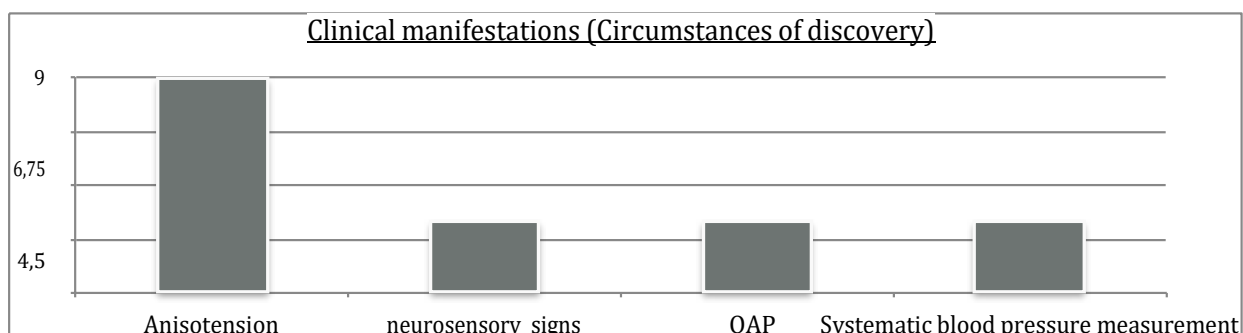
All patients received medical treatment. Among them, 01 benefited from a surgical angioplasty of the right renal artery, 05 from an endoluminal angioplasty of the renal artery and 02 from a carotid angioplasty.

Patients on dual therapy (n=7) and triple therapy (n=4) antihypertensive had normal blood pressure figures at 1 year while those on monotherapy (n=2) were poorly balanced.

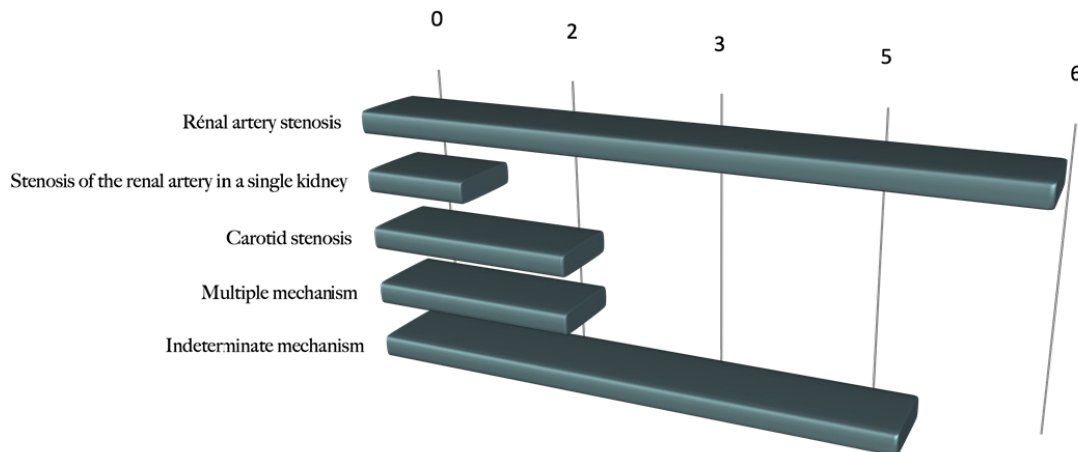
Discussion

According to the literature, TM is a disease of young women as appeared through our results. Hypertension is a frequent sign in TM [1]. Its appearance is a sign of poor prognosis, hence the need for systematic measurement of blood pressure in all four limbs due to anis tension. Its main mechanism is renovascular through unilateral or bilateral stenosis of the renal artery [2]. This mechanism was found in 50% of our patients.

Stenotic stimulation of the carotid glomus accounted for 14.28%. Other causes such as arterial stiffness and pseudo-



Mécanisms of hypertension



coarctation of the aorta were not found. In addition to corticosteroid therapy and instrumental or surgical treatment, when possible, antihypertensive treatment was always associated in our patients.

Dual or triple antihypertensive therapy is the rule according to the recommendations [1].

The blood pressure figures may increase after a period of stability, due to the evolution of the lesions.

Conclusion

Hypertension is mainly renovascular in TM. Its drug management must combine at least two antihypertensives.

References

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