

## An unusual case of pregnancy in a patient with takayasu's arteritis: A case report

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**Case Report:** A 24 year old G3P2L1D1 presented to our hospital for MTP in the 2<sup>nd</sup> trimester in view of heart disease complicating pregnancy. On examination a difference of more than 50mmHg in BP in both arms, difference in pulse volume, carotid and renal bruit present. She was diagnosed to have chronic rheumatic heart disease and chronic hypertension during the 1<sup>st</sup> trimester of her 1<sup>st</sup> pregnancy, underwent Balloon Mitral Valvotomy in the 2<sup>nd</sup> trimester. Due to uncontrolled hypertension and in view of maternal risk, pregnancy was terminated at 7<sup>th</sup> month. She was maintained on 2 antihypertensives and was diagnosed to have Takayasu's arteritis. She then had an uneventful pregnancy while on antihypertensives and delivered a single live female baby 6 years back.

She was then counselled regarding the risk and benefits of termination and she continued her pregnancy. Pregnancy progressed well under strict supervision and monitoring and she delivered a healthy male baby at term.

**Discussion:** Takayasu's arteritis is a progressive, nonspecific obstructive arteritis, probably of autoimmune aetiology. Overall MMR of women with Takayasu's arteritis is 4-8 %. The main maternal risks of Takayasu is due to arterial HTN with superimposed preeclampsia (60%), congestive cardiac failure, cerebrovascular events (5%). Risk is greatest during III trimester and perinatal period. Major foetal risks are IUD (2-5%), IUGR (18%) and prematurity. The main aim of treatment is suppression of inflammation and preservation of vascular competence.

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