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Aortic Aortitis, a case report highlighting the need for multidisciplinary and early differential diagnosis

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We present the case of a 28-year-old female patient with a history of LSCS who presented with chest pain, SOB on exertion, sweating, and uneasiness. She was negative for diabetes, positive for hypertension, and had pedal edema during pregnancy. She had a normal haematology profile except for mild neutrophilic leucocytosis, and anisopoikilocytosis; Her renal biochemistry and urine pathology profile were normal. She was diagnosed with Rheumatic valvular heart disease with severe AR, aortic annulus [1.9cm], high moderate MR, Mitral annulus [2.5cm], severe TR, partly organic, severe PAH, tricuspid annulus [2.6cm], good LV function and RV dysfunction as per the 2D echocardiogram and the doppler study. Pericardial effusion was noted. She was advised on aortic valve and mitral valve replacement tricuspid valve repair. However ring surgery had to be abandoned, after opening the chest, due to severe thickening and inflammation seen across the entire aorta. Subsequent CT aortogram findings confirmed aortic arteritis. Aortic aortitis is difficult to diagnose and is usually discovered accidentally and at a much later stage resulting in a poor prognosis. Overall there is no specific preference for age or gender but certain types e.g. Takayasu Arteritis [TA] affects Asian women of reproductive age more commonly. This case and our subsequent research highlights the need to include aortitis as one of the critical complications in high risk pregnancies especially in Asian population. Additionally we believe low pulse or pulseless hypertension should trigger an interdisciplinary holistic patient management for better prognosis of young female patients.

Key Words: Aortic aortitis, pregnancy, hypertension, aortogram, valvular disease, inflammation.

Biography

Ridah Shaista Shanavas is an aspiring doctor from Hyderabad, India. She is interested in pursuing Cardiology and has been researching Cardiovascular diseases with Dr. Sreekanth Reddy.