Takayasu Arteritis Factsheet

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Takayasu Arteritis is a rare condition which typically causes inflammation of the largest artery in the body – the aorta – and the smaller arteries that are joined to it. It commonly affects young women. Symptoms occur when the arteries become inflamed or blocked. Medicines to reduce the inflammation and blood-thinning agents to prevent blockage are used to treat the condition.

Who gets Takayasu arteritis?

Takayasu arteritis is a rare disease. A study in the UK found that it affected about 1 person in a million per year. It mainly occurs in people under the age of 40 and is most often diagnosed around the age of 15-20. As tests become more accurate in picking up the condition, it is being more commonly diagnosed and spotted earlier.

What causes Takayasu arteritis?

Takayasu arteritis normally involves inflammation of aorta – the largest artery in the body – and its branches. It is thought that this inflammation is caused by autoimmunity, a process in which the person's immune system attacks their own body tissues. Studies suggest that changes in the genes (the material that controls the working of cells) are involved.

What are the symptoms of Takayasu arteritis?

You may get different symptoms depending on whether the arteries become inflamed or blocked. The sort of problems you get will also depend on which arteries are involved. Symptoms can include weakness of your arm or pain when using it, chest pain, dizziness or light-headedness, tiredness and fever or night sweats. You may also notice muscle or joint pains, a rash on the skin, changes to your vision or weight loss.

How is Takayasu arteritis diagnosed?

There is no one test that can be done to diagnose Takayasu arteritis. An examination may show that your blood pressure is high and that there is a difference in blood pressure between your two arms. The pulse of one or both brachial arteries may be reduced (the brachial pulse is best felt in the crook of your elbow). A doctor may be able to hear a sound (a murmur or bruit) when a stethoscope is placed over your subclavian artery (the artery that runs below the collar bone) or over the abdominal aorta (the large artery that runs through the abdominal cavity). Once suspected, the condition is usually confirmed by blood tests and scans.

What is the treatment for Takayasu arteritis?

You may need steroid medicines such as prednisolone to control the inflammation. Because steroids can have side effects in the long term, other medicines are often given so that the steroid dose can be reduced. These include methotrexate, azathioprine, mycophenolate mofetil and cyclophosphamide. You may be given medicines to reduce your raised blood pressure. Blood-thinning medicines are sometimes given to stop the complications caused by blocked arteries. Operations on the arteries or the valve between the aorta and the heart (the aortic valve) are sometime required in the most complex of cases.

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Does Takayasu arteritis get better?

About 2 out of 10 people get better after one episode of the illness and do not require long-term treatment. However, many people get further attacks which require taking medicines for a long time. A healthy lifestyle and controlling risk factors such as high blood pressure and high cholesterol will help to keep complications at bay. Occasionally, people with a severe form of the condition get complications which can limit life such as strokes or heart failure. This particularly occurs in people whose treatment has been delayed due to late diagnosis.

Further reading

The epidemiology of Takayasu arteritis in the UK. Watts R et al Rheumatology (Oxford). 2009 Aug;48(8):1008-11.

http://www.ncbi.nlm.nih.gov/pubmed/22665923

Takayasu arteritis, Roberts J et al, Medscape, 2013.

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