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INFLAMMATORY AORTITIS: INSIGHTS INTO CLINICAL PATTERNS

Introduction:

Aortitis is a group of disorders characterized by the inflammation of the aorta that poses diagnostic challenges .The large-vessel vasculitides and behçet’s disease are the most common causes of aortitis.

Objectives:

This study aims to delineate the clinical manifestations, diagnostic modalities, etiological spectrum, and therapeutic strategies employed in managing inflammatory aortitis.

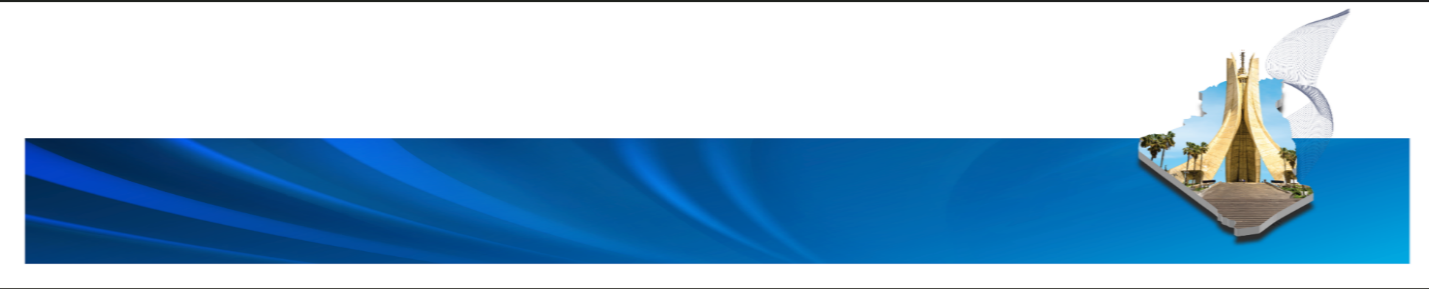
Methods:

A retrospective analysis was conducted on twelve patients diagnosed with inflammatory aortitis at an internal medecine departement in algera between 2010 and 2024. Data encompassing clinical presentations, laboratory findings, imaging modalities, etiological factors, and treatment regimens were systematically reviewed.

Results:

The cohort consisted of nine females and three males, with a mean age of 50 years. Constitutional symptoms, including asthenia and weight loss, were predominant (91.66%). Claudication of the upper extremities 50%,headache33.33 %, thoracic or abdominal pain25%, and dyspnea 25% , were also observed , Elevated inflammatory markers were consistent in 91.66% of patients. Aorto-CT angiography emerged as pivotal in diagnosis, revealing arterial wall thickening in all cases. Lesions predominantly affected the thoracic aorta (66.66%), with involvement of abdominal and collateral vessels (8.33%) and supra-aortic trunks (25%). Takayasu's arteritis was the leading etiology (50%), followed by Horton's disease (25%), Behçet's disease (8.33%),spondylarthitis (8.33%), and one case of idiopathic arteritis. Treatment primarily involved corticosteroids (1 mg/kg/day), either as monotherapy or in combination with immunosuppressants(methotrexate). Infliximab was administered in one patient with bilateral renal artery stenoses associated with Takayasu's disease. Short-term outcomes were generally favorable; however, recurrence and progression to aneurysms occurred in four patients, emphasizing the need for vigilant long-term management.

Conclusion:

This study highlights Takayasu’s arteritis as the predominant cause of inflammatory aortitis. Aorto-CT angiography was essential for diagnosis. While corticosteroids and immunosuppressants showed good short-term results, long-term management is necessary due to risks of recurrence and aneurysm formation.