ABSTRAK

Latar belakang: Takayasu arteritis (TA) adalah jenis vaskulitis pembuluh darah besar yang terutama menyerang aorta dan cabang-cabang utamanya. TA pada anak-anak jarang terjadi. Gambaran klinis TA tidak spesifik, terutama pada fase awal, yang kemungkinan besar berkontribusi pada keterlambatan diagnosis selain kelangkaan gangguan tersebut. TA onset pada usia anak dikaitkan dengan morbiditas dan mortalitas yang signifikan. Laporan kasus ini bertujuan untuk menyajikan kasus langka hipertensi berat simtomatik akut pada anak akibat TA.

Kasus: Seorang gadis dirawat di rumah sakit kami karena hipertensi berat dengan gejala konstitusional, namun, dia tidak dicurigai terkena vaskulitis di rumah sakit sebelumnya. Pada pasien, pemeriksaan laboratorium awal menunjukkan peningkatan penanda inflamasi dan ekokardiografi menunjukkan penurunan fungsi LV yang signifikan. Menurut gejala klinis, kami mencurigai mereka dengan vaskulitis pembuluh besar. Pada computed tomographic angiography kami menemukan multiple aorta stenosis dan cabang utamanya. Diagnosis TA dibuat menurut klasifikasi angiografi baru. Kami merawat pasien dengan metilprednisolon dan beberapa obat antihipertensi. Setelah peradangan dikendalikan, kami melakukan angioplasti transluminal perkutan dan prosedur ballooning. Setelah satu tahun follow-up, hipertensi terkontrol, dan fungsi ventrikel membaik, serta penanda inflamasi nonspesifik kembali ke tingkat normal.

Kesimpulan: Diagnosis TA masih menjadi tantangan bagi dokter. Kecurigaan klinis, pencitraan yang tepat, dan intervensi dini sangat penting untuk mencegah morbiditas dan mortalitas yang signifikan. Terapi agresif multimodal pada TA, termasuk anti-hipertensi, terapi anti-inflamasi, dan intervensi angiografi diperlukan untuk mencegah komplikasi berat dan kematian pada anak. Pemantauan jangka panjang dan kolaborasi multidisiplin diperlukan terkait perkembangan penyakit dalam pengelolaan TA.

Kata kunci: Takayasu arteritis, Vaskulitis, Hipertensi, Pediatrik

ABSTRACT

Background: Takayasu Arteritis (TA) is a large vessel type of vasculitis mainly affecting the aorta and its major branches. TA in children is rare. Clinical presentations of TA are non-specific, especially in the initial phase, which likely contributes to delayed diagnosis besides the rarity of the disorder. Childhood-onset TA is associated with significant morbidity and mortality. This case report aimed to present a rare cases of acute symptomatic severe hypertension in children due to Takayasu Arteritis.

Case presentation: A girl was admitted to our hospital due to severe hypertension with constitutional symptoms, however, she was not suspected of vasculitis in the previous hospital. In the patient, initial laboratory examination showed elevated inflammatory markers and echocardiography showed a significant reduction of LV function. According to clinical symptoms, we suspect them with large vessel vasculitis. On computed tomographic angiography we found multiple aorta stenosis and its major branches. The diagnosis of TA was made according to the new angiographic classification. We treated the patient with methylprednisolone and multiple anti-hypertensive drugs. After the inflammation was controlled, we performed percutaneous transluminal angioplasty and ballooning procedures. After a year follow-up, the hypertension was controlled, and improved of ventricular function, as well as the nonspecific inflammatory markers back to the normal level.

Conclusion: The diagnosis of TA is still challenging for the physician. Clinical suspicion, proper imaging, and early intervention are very crucial to prevent significant morbidity and mortality. Multi-modal aggressive therapy in TA, including antihypertension, anti-inflammatory therapy, and angiography intervention are needed to prevent severe complications and mortality in children. Long-term monitoring and multidisciplinary collaboration are needed regarding disease progression in the management of TA.

Keywords: *Takayasu Arteritis, Vasculitis, Hypertension, Pediatric*