

# Takayasu aortoarteritis

Takayasu aortoarteritis (TA) rarely affects the nervous system, but when it does, it usually manifests as [cerebral ischemia](#) or stroke. These strokes have mainly been attributed to stenotic extracranial vessels. Stenoses of intracranial vessels, although rare in TA, can occur due to either embolization into the vessel or because of the vasculitis process itself. [Intracranial aneurysms](#) are very rare in patients with TA. Bilateral cavernous internal carotid artery (ICA) aneurysms are rarer. They have been reported following radiation therapy and in association with fibromuscular dysplasia and juvenile Paget disease. Bilateral mycotic intracavernous aneurysms also occur. Bilateral giant cavernous ICA aneurysms with [carotid cavernous fistula](#) (CCF) consequent to rupture into the cavernous sinus in a case of TA are extremely unusual.

Sharma et al. report a case that fulfilled both American College of Rheumatology and European League against Rheumatology criteria for TA. The patient had bilateral cavernous sinus giant aneurysms and CCF because the right-sided aneurysm had ruptured and was leaking into the cavernous sinus <sup>1)</sup>.

<sup>1)</sup>

Sharma S, Kumar S, Nanda A, Moses E. Case Report: Carotid-cavernous fistula due to aneurysmal rupture in a case of aortoarteritis with bilateral giant internal carotid artery aneurysms. Indian J Radiol Imaging. 2009 Oct-Dec;19(4):308-10. doi: 10.4103/0971-3026.57216. PubMed PMID: 19881111; PubMed Central PMCID: PMC2797747.

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