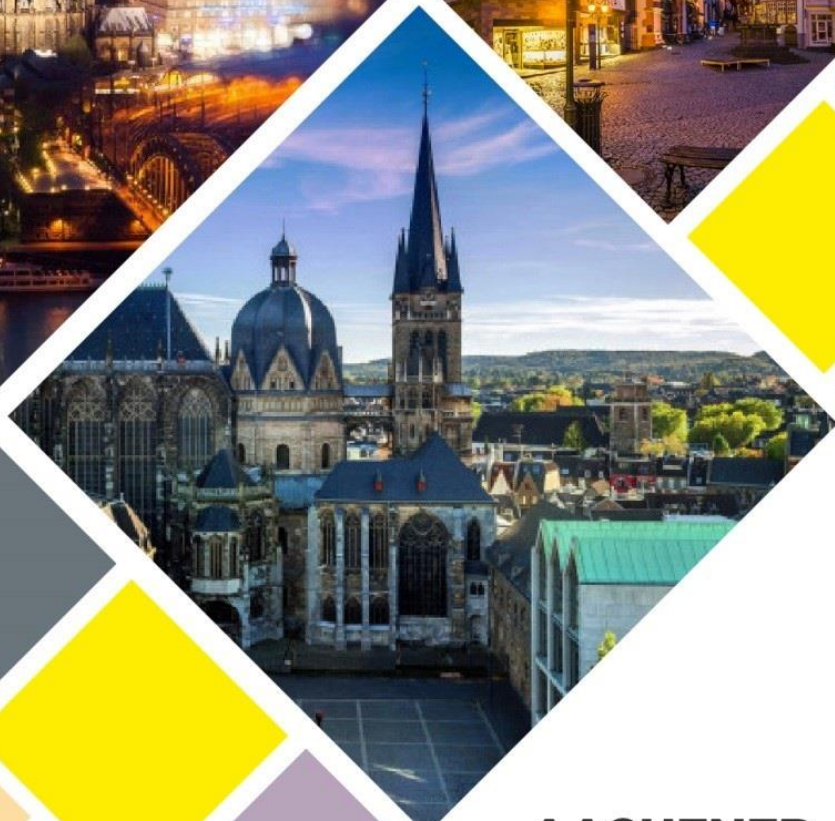




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MEDICINE

Clinical and instrumental features of the course of Takayasu's disease in children.

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Aortoarteritis in children (Takayasu's disease), or pulseless disease, is an inflammation of large vessels. In Asian countries (in particular, India), cases of aortoarteritis in children are common. However, this disease affects children of all ethnic groups and worldwide ranks 3rd among childhood vasculitis after hemorrhagic vasculitis and Kawasaki disease.

The purpose of the study was to evaluate the clinical and instrumental features of the course of aortoarteritis in children.

Material and methods. Under observation were 6 girls who were hospitalized in the TMA clinic with a diagnosis of aortoarteritis from 2019 to 2022. The age of the girls was 11-18 years, the duration of the disease ranged from 6 months to 3 years. All patients were rural residents.

Results. Clinical manifestations of aortoarteritis were characterized by night sweats 75%, loss of appetite 75% and body weight 75%, fatigue 75%, myalgia 50% and inflammation of the joints 50%, arterial hypertension 100%. A history of erythema nodosum 50%, butterfly erythema 50%, and vasculitis nodosum 50%, myopericarditis 50%, rheumatoid arthritis 25%, and polymyositis 25% were observed. Against the background of the disappearance of the pulse on the hands, a characteristic noise was observed over the carotid and subclavian arteries. When interpreting laboratory tests, an increase in antistreptolysin O, C-reactive protein, titer of anti-CCP-14ED/ml, ANA-1:100 was observed in all patients. On echocardiography, sealing of the aortic valves 30%, mitral valve 25%. Hypertrophy of the myocardium of the left ventricle 60% and an increase in the cavity of the left atrium and ventricle -50%. Among the instrumental methods for diagnosing vascular lesions in Takayasu's arteritis, one of the leading places belongs to multislice contrast tomography of the arteries. It allows you to assess the degree of

hemodynamic disturbances as well as the state of the arterial wall. In all cases of MSCT interpretations, we visualized a pronounced edema of the vascular wall, the disappearance of visualization of large arteries of varying degrees, which significantly correlated with the clinical and laboratory picture of the disease.

Conclusions. In the diagnosis of aortoarteritis, general clinical tests play a key role, but only with the help of instrumental diagnostic methods can a final conclusion be made. MSCT in order to assess hemodynamic disorders and the state of the vascular wall is supposedly an informative minimally invasive method for visualizing stenotic and inflammatory changes in the aorta and its main branches.

MSCT can be used to both diagnose and monitor Takayasu's arteritis. A combination of different imaging modalities may be recommended to increase the value of vascular assessment, especially in patients with long-standing Takayasu's arteritis or an atypical presentation of the disease.

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