

The mainstay of treatment of Takayasu's arteritis is immunosuppression. This is initially instituted with corticosteroids, which alone will induce remission in about 40–60% of patients. Additional agents may include methotrexate, azathioprine, cyclophosphamide, mycophenolate mofetil, anti-tumour necrosis factor therapies (infliximab or etanercept) and the anti-interleukin-6 receptor monoclonal antibody tocilizumab, to control disease activity or facilitate reduction in corticosteroid dose. Short stenotic vascular lesions may

be treated by percutaneous transluminal angioplasty. Surgical options include coronary artery bypass surgery and endarterectomy. Restenosis is a major complication when considering surgical intervention, with control of disease activity a priority before and following revascularization (Perera et al, 2013).

Sometimes described as 'burnt-out' it is important to realize that Takayasu's arteritis may be quiescent and can re-activate (Mañá et al, 2003). Continued clinical surveillance is advised. **BJHM**

LEARNING POINTS

- Takayasu's arteritis should be considered in young patients presenting with ischaemic symptomatology and/or absent pulses.
- A diagnosis is reached using clinical criteria, advanced imaging modalities and available histology.
- The disease may rarely remit spontaneously and present in a quiescent phase, but importantly cannot be relied on to remain 'dormant'.

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IMAGES IN MEDICINE

Varicella pneumonia

A 21-year-old male smoker presented with a 10-day history of headache, myalgia, arthralgia, malaise, sore throat and loss of appetite after exposure to a relative with chickenpox.

Varicella pneumonia is estimated to occur in one in 400 cases of chickenpox infection and is increasing in incidence in the UK (Mohsen and McKendrick, 2003).

Varicella pneumonia presents 1–6 days after onset of the rash and is associated with tachypnoea, cough, dyspnoea, fever and occasionally pleuritic chest pain and haemoptysis. Chest symptoms may start before the skin rash appears. Physical findings are often minimal and chest radiographs (Figures 1

and 2) typically reveal nodular or interstitial pneumonitis (Mohsen et al, 2001).

Smokers, the immunocompromised and patients who have chronic lung disease are at increased risk of developing pneumonia (Popara et al, 2002).

Varicella pneumonia can progress rapidly to fulminant respiratory failure despite maximum conventional support. Treatment with aciclovir has been successful. Varicella vaccine is effective in preventing or modifying the severity of vari-

cella infection if used <5 days after exposure (Hall et al, 2000). **BJHM**

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Figure 1. Chest X-ray showing small bilateral multiple nodules.



Figure 2. Computed tomography of the chest showing small bilateral multiple nodules.



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