Large Vessel Vasculitis – Messages for the Interventionalist

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Disclosure

Speaker name:

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I have the following potential conflicts of interest to report:

- [ ] Consulting
- [ ] Employment in industry
- [ ] Stockholder of a healthcare company
- [ ] Owner of a healthcare company
- [ ] Other(s)

- [x] I do not have any potential conflict of interest
Large Vessel Vasculitis

- Giant cell arteritis
- Aortitis
- Periaortitis (M. Ormond)
- Takayasu arteritis
- Inflammatory aortic aneurysm
Male, 72 years, fatigue, progressive bilateral claudication within last 8 wks., rest pain and right heel lesion since 1 wk, systolic ankle pressures 60 mmHg bilat. HTN, hyperlipidemia referred for vascular intervention

**Lab:** BSR, CRP and Tc↑, Anemia
Diagnose correctly

- Listen to the axillary artery
- Noninvasive Dx:
  - Duplex > MRI > PET-CT
- Watch out for other vascular territories
- In extracranial disease 50 % neg. results of temporal artery biopsy
- Use BSR/CRP as indicators for activity

It’s the combination of an inflammatory syndrome plus typical US findings

Czihal et al. Scand J Rheumatol 2012; 3:231
Tato and Hoffmann Vasc Med 2008; 13:127
Be conservative

- No revasc in active disease
- Start with corticosteroids a.s.a.p.
- Consider Tozulicimab (IL-6 inhibitor)
- Regression of wall thickening with therapy

Czihal et al. Rheumatology 2013;52:282
Think of late complications

- At dx of GCA aortitis present in > 50 % (by PET-CT)
- Increased risk for late development of thoracic aneurysm

Thank you for your attention
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