

Takayasu Arteritis-Ocular Perspectives

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Takayasu arteritis or pulseless disease is a chronic vasculitis that most commonly affects the aorta and its branches leading to cardiac, neurological, renal, and abdominal involvement with claudication of limbs [1]. Ocular insults are not commonly known to the physician as adequate knowledge is not shared on the subject.

Firstly, the diagnostic criteria of this disease should be defined. Three of the following six criteria's are required for definitive diagnosis of Takayasu arteritis: [2]

1. Onset before 40 years.
2. Claudication of extremities.
3. Absence/decrease in the brachial pulse in one or both arms.
4. Difference of 10 mm Hg or more in blood pressure measured in both arms.
5. Audible bruits on auscultation of aorta or subclavian artery.
6. On arteriogram, narrowing of the aorta or its primary branches.

Ocular involvement in the form of Takayasu retinopathy is seen. It has been classified into four stages by Uyama and Asayma [3].

Stage 1- Distension of veins.

Stage 2- Microaneurysm formation.

Stage 3- Arterio-venous anastomoses formation.

Stage 4- Ocular complications like cataract, rubeosis iridis, neovascularization, vitreous hemorrhage, anterior ischemic optic neuropathy, central retinal artery occlusion and ocular ischemic syndrome.

Diminished or absent pulses is seen in 84 - 96% of patients while takayasu retinopathy is seen in up to 37% of patients [4]. It is recommended that mandatory eye screening should be done in all cases of this disease.

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