Fever and Pulmonary Shadows in a Young Woman

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A 23-year-old Japanese woman was referred to our hospi-
tal due to a fever of unknown origin. She had been experi-
cencing fever, malaise, and cervical pain for 8 weeks. Four
weeks before, she was suspected to have pneumonia because
of the presence of abnormal shadows on chest radiography
and chest CT findings (Picture 1), and had received antibi-
otic therapy without any effect. Physical examination re-
vealed bilateral carotidynia and a decreased left radial artery
pulse. After 3 minutes of walking, oxygen saturation de-
creased from 99% to 81%. Contrast-enhanced CT revealed
wall thickening of the left subclavian artery, carotid arteries,
and pulmonary arteries (Picture 2), leading to a diagnosis of
Takayasu arteritis. Lung perfusion scintigraphy revealed a
defect in the right middle field (Picture 3).

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Takayasu arteritis involves the pulmonary arteries in about 10% of the most recent case studies (1, 2), causing possible pulmonary infarction (3). Pulmonary arteritis and infarction in Takayasu arteritis may be a potential pitfall in the diagnosis of community-acquired pneumonia in young women.

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References