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**AN UNUSUAL CASE OF FEVER OF UNKNOWN ORIGIN**

**Abhijit Mishra¹, Kallimujjaman Molla¹, Kripasindhu Gantait1**Description: Description: Description: C:\Users\admin\Desktop\20061.png

**Author Information**

1. Department of Medicine, Midnapore Medical College, West Bengal.

email: drkripa2000@gmail.com



**ABSTRACT**

Takayasu arteritis is a large-vessel vasculitis that mainly affects aorta and its major branches. It most commonly affects women of 20-40 years of age. A few patients presents after an age of 40 years. Arm claudication is the most common presenting symptom, though atypical features are not unusual. A 45 year old female comes to emergency with two days high grade fever. Initially she has low grade fever, remittent in nature but not being associated with cough, chills and rigor or rash. Detailed clinical and laboratory examinations reveal absence of pulse in left upper extremity with carotid bruit bilaterally and significant raised erythrocyte sedimentation rate(ESR) and C-reactive protein(CRP) with nearly complete luminal obstruction of left subclavian artery on CT angiography mainly. Her symptoms improve on steroid therapy. Takayasu arteritis may present only with features of fever of unknown origin (FUO) alone without any significant vascular symptom and it should be considered among differential diagnoses of FUO.

Keywords: Takayasu arteritis; fever of unknown origin; Angiography