



A CASE OF RHEMATOID ARTHRITIS WITH VASCULITIS WITH RECURRENT TIAS

General Medicine

Dr Amandeep Singh Kaloti

Professor Medicine.

ABSTRACT

Transient ischemic attack (TIA) is the medical term for neurologic symptoms, such as weakness or numbness, which begin suddenly, resolve rapidly and completely, and are caused by a temporary lack of blood in an area of the brain. TIAs are common, affecting at least 240,000 people each year in the United States. Some people call TIAs "warning spells" because anyone who has a TIA is at risk for a stroke. As a result, it is important to be aware of the signs and symptoms of TIA and seek treatment as soon as possible. Here I present a case of rheumatoid arthritis who presented with TIA and also had a history of similar attacks in the past also. She responded to the treatment given

KEYWORDS

INTRODUCTION:-

Most TIAs result from narrowing of the major arteries to the brain, such as the carotid arteries. These blood vessels provide oxygenated blood to brain cells. These arteries can become clogged with fatty deposits, called plaques. Plaques partially block the artery, and can lead to the formation of a blood clot. This blood clot (thrombus) can further narrow or completely block the artery. More frequently, a blood clot will detach from the wall of the artery, travel along the bloodstream to smaller branches, and block blood flow to the area of brain fed by that artery.

In some cases, TIAs can be caused by blood clots that form in the heart and travel to the brain (called emboli). TIAs can also occur as a result of narrowing and closure of small blood vessels deep inside the brain.

If an artery remains blocked for more than a few minutes, the brain can become damaged or infarcted (that is, the tissue in that area dies).

- With a TIA, the symptoms resolve completely (usually within a few hours or less)
- With a stroke, the symptoms may not resolve completely
- Many people do not have a TIA before a stroke. However, a TIA is a warning sign that a person is at risk for a stroke. It is important to recognize and treat the symptoms of TIA to reduce the risk of having a stroke.¹

Transient ischemic attack symptoms — Symptoms of TIA are typically short-lived, lasting only a few minutes to hours. A TIA may occur only once, or may be recurrent (several times per day or once per year).

The most common symptoms of TIA include the following:

- Hand, face, arm, or leg weakness or numbness
- Difficulty speaking (garbled speech), slurred speech, or inability to speak at all
- Blurred, doubled, or decreased vision in one or both eyes
- These symptoms are identical to those of a stroke. When the symptoms first develop, it is not easy to tell if a person is having a stroke or TIA.²

CASE REPORT:-

The patient a 30 yrs old married female, was admitted in our hospital with chief complaints of-

Numbness in the left half of the body for the past few hours.
Weakness in the left half of the body for the past few hours.

The patient was alright few hours before admission when she started having numbness in the left half of the face and the body. It was gradually progressive in nature. It started in the face and involved in the left half of the body. Patient also complained of weakness in the left half of the body. It started in the hands and later on progressed to involve the whole of the left part of the body. The patient could not hold things in the hand at that time. The weakness and the numbness then improved over the next few hours and the patient was normal as before after the next few hours.

There was no history of altered sensorium. There was no bladder or bowel incontinence. There was no history of fever, no palpitations. There was past history weakness occurring in the left half of the body, a few times in the past. But, that had also recovered. There was no diabetes mellitus, hypertension, coronary artery disease, tuberculosis. The patient was an old rheumatoid arthritis(RA) and had been on treatment. The patient had been on irregular treatment for RA. The personal history showed that the patient was vegetarian, no addictions, bowel and bladder were normal. The family history not significant. The menstrual history was normal.

On general physical examination, the patient was conscious, cooperative, lying comfortably in the bed. Patient was afebrile. The pulse rate was 82/min, regular, other parameters normal. The respiratory rate was 18/min, thoracoabdominal. The BP was 130/80 mmHg, right arm supine. Pallor, icterus, cyanosis, clubbing, lymphadenopathy, edema was absent. JVP was not raised. Systemic examination was normal.

On investigation:-

Hb :- 10.2 gm%
TLC :- 6400/mm³, Polys – 69%, Platelet Count:- 2.67 lac/mm³
MCV :- 61 fl, PTI :- 1.3
ESR :- 95 mm 1hr, RBS:- 77 mg%
Sr AST/ALT :- 15/20 IU/L Colour Doppler Carotids was normal
Bl Urea:- 18 mg%, Sr. Calcium:-10.8 mg%
FLP :- normal, Viral Markers :- negative
RA factor :- positive CXR :- normal
MRI Brain :- normal ECG :- normal

The patient improved after having the symptoms for the initial one or two hours. The symptoms improved and the patient totally recovered in the next few hours and was discharged after few hours after starting treatment for RA and recurrent TIAs.

Tab Avas, Tab HCQS, Tab Meditrex,
Tab Folic Acid, Tab Indocap SR, Tab Wysolone, Tab Rabcip.

DISCUSSION:-

A number of factors can increase a person's risk of TIA, including the following:

- Age greater than 40 years
- Heart disease (eg, atrial fibrillation, carotid stenosis)
- High blood pressure
- Smoking
- Diabetes
- High blood cholesterol levels
- Illegal drug use or heavy alcohol use
- Recent childbirth
- Previous history of transient ischemic attack
- Sedentary lifestyle and lack of exercise
- Obesity
- Current or past history of blood clots

Risk of stroke after TIA — The risk of stroke after a TIA is highest in

the first few hours to days after the TIA. For example, the risk of having a stroke in the first two days after TIA has been estimated to be 4 to 10 percent. People with certain characteristics are thought to have a higher risk (eg, closer to 10 percent) of stroke compared with people without these characteristics.

- Diabetes
- Older than 60 years
- Blood pressure (higher than 140/90), measured after the TIA
- Weakness on one side of the body (eg, face, arm, leg) during the TIA
- Speech problems during the TIA
- TIA symptoms for 60 minutes or longer

TRANSIENT ISCHEMIC ATTACK DIAGNOSIS-

Despite the fact that the symptoms of TIA usually resolve quickly, TIA is a medical emergency that should be evaluated as soon as possible because there is a high risk of a stroke after TIA.³

When to call for emergency medical assistance — Anyone who is concerned that they are having a TIA should call for emergency medical attention immediately.

Emergency medical services (EMS) personnel will respond as rapidly as possible, and will take the person to a hospital equipped to care for people during and after a TIA. Most clinics and medical offices do not have the ability to diagnose and treat people with a TIA. For these people, every minute is important.

Brain imaging — Depending upon the results of the history and physical examination, the clinician will usually order blood tests and a brain imaging test (eg, CT scan or MRI). The imaging test allows the clinician to see the area of the brain affected by the TIA.

Blood vessel imaging — The larger blood vessels that supply the brain can also be imaged using CT or MRI; these scans are referred to as CTA (computed tomography arteriogram) and MRA (magnetic resonance arteriogram). Ultrasound can be used to determine if there are blockages in blood vessels.⁴

CONCLUSION:-

TIA's can be recurrent in predisposed persons like in this case of RHEUMATOID ARTHRITIS. Once the underlying condition is recognised, the patient can be treated and the subsequent episodes of TIA prevented.

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