

## Porcelain thoracic aorta in a patient with rheumatoid arthritis

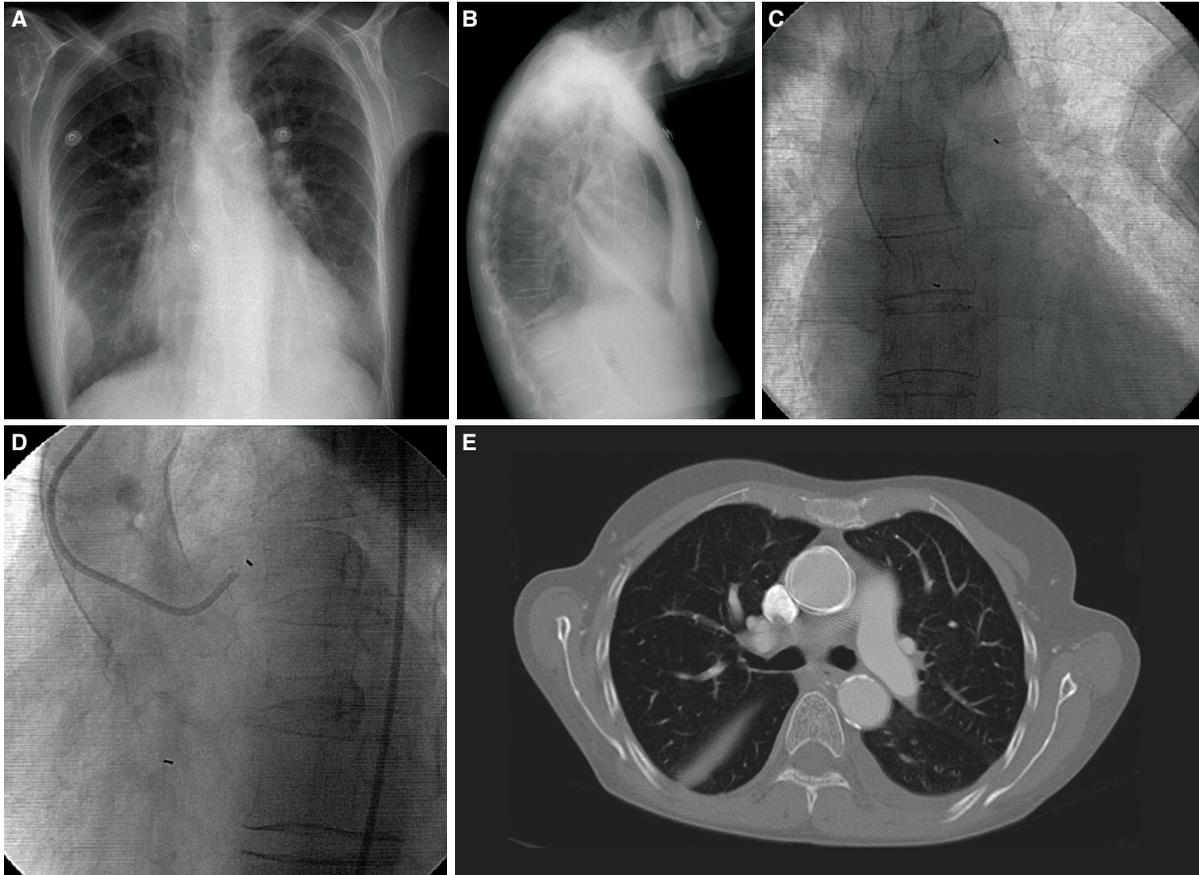
### Romatoid artriti bulunan hastada porselen torasik aort

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A 56-year-old female patient was admitted to our emergency room with unstable angina pectoris for two days. She was diagnosed with hypertension and rheumatoid arthritis (RA) five years ago. Her medication includes DMARDS (hydroxychloroquine, methotrexate) for RA and perindopril 5 mg for hypertension. Examination revealed blood pressure of 110/65 mmHg, pulse of 74 bpm, cachectic appearance, subcutaneous nodules on hand and feet, swan-neck deformity, 3°/6° mid-systolic murmur at aortic focus, and 2°/6° diastolic murmur at mesocardiac focus. Electrocardiography revealed sinus rhythm (80 bpm) with no ischemic change. Chest X-ray showed

normal cardiothoracic index, opacification at right lower pulmonary lobe and calcified ascending and descending aorta (Fig. A, B). Cardiac panel demonstrated elevated creatinine kinase-MB and troponin-T levels. Transthoracic echocardiography showed left ventricular ejection fraction of 41%, moderate calcific aortic stenosis, moderate regurgitation, and moderate mitral and tricuspid regurgitation. Coronary angiogram revealed non-significant coronary plaques. Fluoroscopy during coronary angiogram was suggestive of severe calcification of the ascending and arcus aorta (Fig. C, D). Also thoracic computerized tomography used to assess pulmonary opacity revealed pulmonary nodule and severe calcification of the ascending and arcus aorta (Fig. E). The remaining hospital stay was uneventful and she discharged with optimal medical management for both RA and coronary plaques.



**Figures–** Calcific demarcation of the ascending aorta, arch and descending aorta was shown at (A) postero-anterior and (B) lateral chest roentgenogram. Fluoroscopy during coronary angiography showed severely calcified ascending and arcus aorta; (C) postero-anterior view, (D) 20° left anterior oblique view. (E) Thoracic computerized tomography revealed calcification surrounding the ascending and arcus aorta wall as a whole.