Pulseless Disease of Japan in Nepal

*Dr. Madan Koirala
Tehrathum Hospital, Tehrathum.*

Case Description:-

Mrs. Harimaya, 18 yrs. a hindu female, inhabitant of Terai, newly married with a hill boy in Tehrathum presented in the Outpatient dept. with a complaint of dyspnea even at rest for 2 years, dizziness, syncope and headache for 2 years. She was a non-smoker and had no history of fever, impairment of vision, cough, chest pain, limb or joint pain and claudication in the upper and lower extremities. She did not use any alcoholic drinks. On examination she was moderately anaemic, heart and lungs revealed no abnormality, neither did the examination of other systems. But her radial, brachial, femoral, popliteal, dorsalis pedis pulses were not palpable on both sides. Her carotid pulse was palpable and was 82/min.

The only available and routine investigation of stool, urine, sputum and blood revealed normal picture with a raised ESR of 40 mm. in 1st hour by Westergreen method and a haemoglobin concentration of 9 gms%. She was provisionally diagnosed as a case of Takayasu Syndrome.

She was referred to Zonal Hospital for the necessary investigations but she refused on economical grounds. So she was treated with 40 mg. prednisolone in four divided doses with tapering of doses later on. All the symptoms she presented with disappeared after 3 months but her pulse was still not palpable.

Any firm establishment of the diagnosis of pulseless diseases of Japan was made impossible by non availability of diagnostic methods apart from mentioned above and the patient's refusal to go to a larger centre. The clinical features alone suggested the diagnosis.