



Non-Infectious Aortitis

Non-infectious causes of aortitis include rheumatic diseases and vasculitides, cancer, and histiocytic disorders.

Vasculitides: *most common

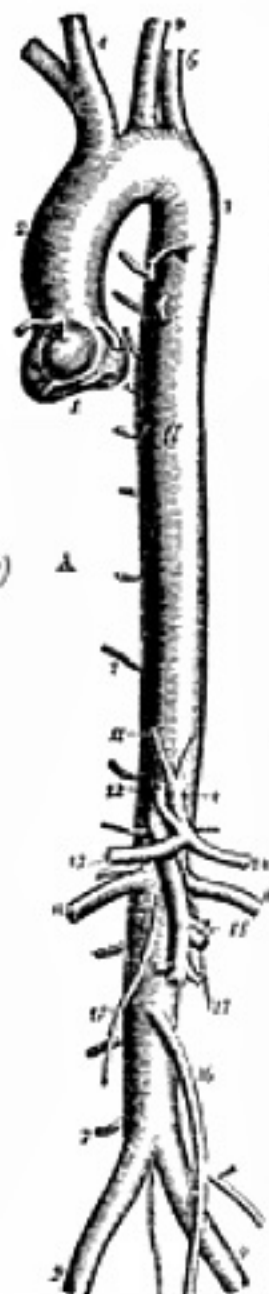
- **Giant Cell Arteritis (GCA)***
- **Takayasu's arteritis***
- Cogan's Syndrome
- Relapsing polychondritis
- Behçet's Disease
- Polyarteritis Nodosa (PAN)
- ANCA associated vasculitis (rare)

Other Causes:

- **Cancer**
- Histiocytic disorders (**Erdheim-Chester**)
- Immune Checkpoint Inhibitors (**irAEs**) (rare)
- **Idiopathic**

Rheumatic Diseases:

- **IgG4-Related Disease (IgG4-RD)**
- Rheumatoid Arthritis (RA)
- Systemic lupus erythematosus (SLE)
- Sarcoidosis
- HLA-B27-related spondyloarthropathies (SpA)



Infectious Aortitis

Most infectious cases are due to seeding via the vasa vasorum of segments of aortic wall with pre-existing pathology (such as atherosclerotic plaque, aneurysmal disease, injury to aorta, infective endocarditis)

Most common bacterial causes include:

- **Staphylococcus spp.**
- **Salmonella spp.**
- **Streptococcus pneumoniae**

Other less common bacterial causes include:

- Other gram negative organisms (such as *Escherichia* spp, *Coxiella burnetii*, *Brucella burnetii*, *Pasteurella*)
- Other gram positive organisms (such as *Listeria monocytogenes*, *Enterococcus* spp.)
- Now exceedingly rare: *Treponema pallidum*

Mycobacterial causes:

- **M.tuberculosis**
- *M.bovis*

Fungi (very rare):

- *Candida*
- *Cryptococcus*
- *Aspergillus*
- *Histoplasma*
- *Paracoccidioides*

Viruses

- HIV
- VZV