A 20-year-old man presented with hypertension resistant to antihypertensive medication. Computed tomography showed focal stenosis of the mid-portion of the descending aorta at the T4 to T5 level (A). The aortic arch, its branches, and the aortic isthmus showed well-developed contours without stenosis (B). The abdominal aorta and its major branches and aortic bifurcation were also morphologically normal (C and D).

The patient was a healthy young man except for incidentally found upper body hypertension. There was no history of any inflammatory signs or symptoms suggesting a diagnosis of Takayasu's arteritis. Routine laboratory work, including C-reactive protein and erythrocyte sedimentation rate, was normal. No other systemic changes, such as neurofibromatosis or chromosomal anomalies, were detected. The etiology in this patient's case is speculated to be congenital, because no evidence of inflammatory arteritis or systemic disease was found and no other segment of the aorta or its branches was involved.