Takayasu's arteritis (TA) is a systemic large vessel chronic inflammatory disease due to autoimmune etiology, and affecting the aorta and its branches. This study aims to describe the extend of TA and the long-term outcome after endovascular treatment. We analyzed all endovascular interventions procedure for Takayasu Arteritis involving aorta, carotid, and subclavian arteries. All patients underwent procedure either through femoral or brachial artery approach. Balloon predilatation was performed with optimal sizing followed by stent deployment when required. ESR and CRP was evaluated on routine basis as inflammatory monitoring. Restenosis, aneurysm, new lesion and disease reactivity was assessed at 3 years follow up using angiography study. 143 patients underwent the endovascular interventions. Most of the patients (52%) had subclavian artery involvement while 25 patients (17.5%) had carotid artery and 47 (33%) had aortic involvements - 62% being thoracic and 38% was abdominal aorta. The stents were required in 24(32%); 11(44%) and 18(38%) respectively while the technical success rate was 88%; 88%; and 100% respectively. After 3 years of follow up we found restenosis rate was 12.5% in the subclavian artery group treated by PTBA or stent; 36% in the carotid artery group; and 7% in the aorta group. There were 6 patients with new aneurysm and lesion; and 5 patients with disease reactivity in the aorta group. We found that the pattern of the vessel extension in Takayasu Arteritis in our hospital was similar to that of Japan. Endovascular interventions for the treatment of vasculitis in this disease showed good long-term result with low restenotic rate.