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CLINICAL REMINDER

Giant cell arteritis: a pain in the neck

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Giant cell arteritis (GCA) is an important cause of vasculitis in the older patient. Common manifestations include headache, visual disturbance, tender temporal arteries and jaw claudication secondary to granulomatous inflammation of large- and medium-sized vessels [1].

We report the case of an 86-year-old female presenting with fever, sore throat and raised inflammatory markers. No infective source was found. Positron emission tomography demonstrated abnormal fluorodeoxyglucose uptake within the carotid, supporting a diagnosis of GCA (Figure 1). Treatment with high-dose steroids led to rapid symptomatic improvement and a dramatic reduction in C-reactive protein.

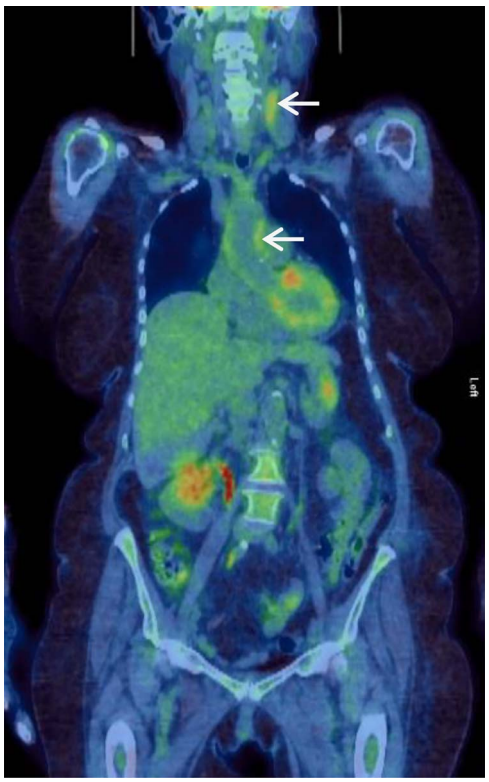

Figure 1. Coronal fused positron emission tomography demonstrating increased left carotid (SUVmax 4.6) and ascending aortic fluorodeoxyglucose uptake.

Early recognition and treatment of GCA prevents irreversible neuro-ophthalmic complications. More than 25% of cases may be missed by relying on the 1990 American College of Rheumatology (ACR) classification criteria alone [2] as isolated upper respiratory tract symptoms are the initial manifestation in 4% of patients [3]. GCA should be considered in older patients with respiratory symptoms and raised inflammatory markers with no infective source.

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