LETTER TO THE EDITOR

FUO and Biopsy-Negative GCA

To the Editor:—Fever of unknown origin in patients with giant cell arteritis (GCA) who have neither cephalic symptoms nor histological evidence of temporal arteritis (TA)¹ has, as it corollary, potentially life-threatening aortitis in patients with isolated polymyalgia rheumatica (PMR).^{2,3} In one study, in spite of isolated PMR, the latter characterised by absence of cephalic stigmata as well as by non-diagnostic temporal artery (TA) biopsy, aortitis was, nevertheless, an associated feature, documented by 18-fluorodeoxyglucose positron emission tomography.² In other cases only absence of cephalic signs sufficed to characterise isolated PMR, and, in two such instances, aortitis was documented by nuclear magnetic resonance imaging.³ Diagnostic difficulty is compounded when there is neither cephalic nor PMR symptomatology, as in a 75-year-old woman in whom the only feature of GCA was progressive enlargement of an ascending thoracic aortic aneurysm, necessitating surgical treatment. Histology of the surgical specimen showed GCA.⁴ Presentation of giant cell arteritis solely with aortitis-related symptoms also characterised a 76-year-old patient with ascending aortic aneurysm in whom histology of the aneurysmal wall, again, revealed giant cell arteritis.⁵ Diagnostic difficulties notwithstanding, it is important to identify PMR-related aortitis, because patients with isolated PMR have significantly ($p < 0.05$) increased risk of death from vascular disease, including ruptured aortic aneurysm.⁶

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