

CLINICAL PRACTICE

Clinical Images

Giant Cell Arteritis with Carotidynia

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A 74-year-old woman presented with 6 weeks of fevers and right neck pain. At the time of symptom onset, she also experienced bilateral temporal headache with scalp allodynia, which resolved within 3 weeks. Physical examination revealed a pulseless, enlarged right temporal artery (Fig. 1) and a tender right carotid artery. The erythrocyte sedimentation rate was 78 mm/h. Contrast-enhanced computed tomography (CT) revealed wall thickening of the thoracic aorta and its carotid and subclavian branches, with a double-ring

appearance (Fig. 2). The patient was diagnosed with giant cell arteritis (GCA) and treated with oral prednisolone. Within 10 days, the patient's symptoms had improved.

GCA is a vasculitis of medium and large vessels. It rarely occurs before the age of 50 years. In one study, headache was present in 86% of cases.¹ However, the headache may be progressive, spontaneously subside, or wax and wane in intensity.² Carotid artery tenderness has been reported in 7% of GCA cases.³ Temporal artery biopsy remains the gold standard for the diagnosis of GCA.⁴ CT and magnetic resonance angiography can be used to demonstrate large vessel involvement.^{5, 6} Ultrasonography⁷ and PET-CT⁸ are also being evaluated as possible diagnostic tools, but are not yet reliable testing modalities.



Figure 1 Enlarged temporal artery (arrows).

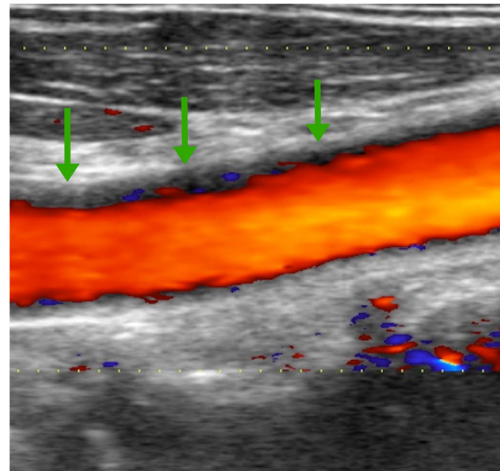


Figure 2 Contrast-enhanced CT revealed wall thickening involving the thoracic aorta with a poorly enhanced internal ring and an enhancing outer ring, described as a “double-ring” appearance (arrows).

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