

## Giant Cell Arteritis

**Elena Gil de la Cruz\*, Amelia Sanz-Fernández, Pablo Nenclares-Peña and Fernano Lozano-Morillo***Department of Dermatology, Doce de Octubre Hospital, Spain***\*Corresponding Author:** Elena Gil de la Cruz, Department of Dermatology, Doce de Octubre Hospital, Spain.**Received:** March 05, 2018; **Published:** April 19, 2018**Abstract**

Patients with Giant Cell Arteritis may have arterial aneurysms in large vessels. When the presence of atheromatous plaques in the vascular walls is added, the risk of aortic dissection is significantly increased. Therefore, chronic follow-up of patients is essential, with periodic imaging tests that detect these anomalies early.

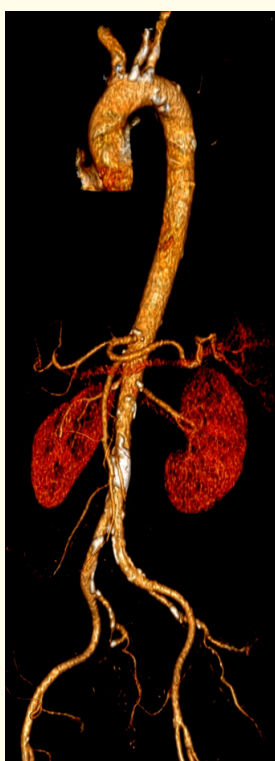
**Keywords:** Giant Cell Arteritis; Atheromatosis; Vasculitis

**Introduction**

Giant Cell Arteritis is a vasculitis that affects the vessels of medium and large calibre [1-3]. Almost all of the necropsy studies in deceased patients show involvement in the Aortic Artery or any of its branches [4,5].

**Case Report**

A 73-year-old woman presented a feverish picture of 2 months evolution, with asthenia, anorexia and unquantified weight loss. He reported intense occasional headache, as well as discomfort with chewing and weakness in the extremities, without arthralgia. Physical examination revealed pain on the palpation of the scalp in the left frontotemporal region, with no other findings. Blood test showed a high ESR (120 mm) and other acute phase reactants. With the diagnostic suspicion of Giant Cell Arteritis, a skin biopsy was performed, without conclusive results. In thoracoabdominal-pelvic angio-CT, however, moderate atheromatosis was observed in the supra-aortic trunks, the infrarenal aortic artery and the common iliac axes (Figures 1 and 2).



**Figure 1:** Finding of moderate atheromatosis at the exit of the supra-aortic trunks, without signs of aneurysm or dissection.



**Figure 2:** Arterial infrarenal aorta and common iliac axes with signs of moderate atheromatosis.

Atheromatous plaques in this location increase the risk of aortic dissection, that is already increased in these patients, who also have a higher probability than the general population of presenting aneurysms in large vessels.

**Discussion and Conclusion**

Large Cell Arteritis, better known as “Temporal Arteritis” is one of the most prevalent vasculitis [6], in which the establishment of treatment at the right time can prevent important sequelae in the patient, such as loss of vision [7,8]. Affected people are especially prone to develop vascular disorders such as arterial aneurysms; so the imaging tests are essential in the diagnosis and monitoring of the pathology. In addition, other findings of interest for the management and prognosis of patients can be revealed [9].

**Disclosure**

No conflicts of interest to disclose.

Bibliography

1. Chatterjee Soumya., *et al.* “Clinical Diagnosis and Management of Large Vessel Vasculitis: Giant Cell Arteritis”. *Current Cardiology Reports* 16.7 (2014): 498.
2. Waldman Corey W., *et al.* “Giant Cell Arteritis”. *The Medical Clinics of North America* 97.2 (2013): 329-335.
3. Mukhtyar C., *et al.* “EULAR Recommendations for the Management of Large Vessel Vasculitis”. *Annals of the Rheumatic Diseases* 68.3 (2009): 318-323.
4. Ness Thomas., *et al.* “The Diagnosis and Treatment of Giant Cell Arteritis”. *Deutsches Arzteblatt International* 110.21 (2013): 376-386.
5. Black Rachel., *et al.* “The Use of Temporal Artery Ultrasound in the Diagnosis of Giant Cell Arteritis in Routine Practice”. *International Journal of Rheumatic Diseases* 16.3 (2013): 352-357.
6. Schmidt Wolfgang A. “Imaging in Vasculitis”. *Best Practice and Research. Clinical Rheumatology* 27.1 (2013): 107-118.
7. Fuchs Martin., *et al.* “The Impact of 18F-FDG PET on the Management of Patients with Suspected Large Vessel Vasculitis”. *European Journal of Nuclear Medicine and Molecular Imaging* 39.2 (2012): 344-353.
8. Puéchal Xavier and Loïc Guillevin. “Therapeutic Immunomodulation in Systemic Vasculitis: Taking Stock”. *Joint, Bone, Spine: Revue Du Rhumatisme* 80.4 (2013): 374-379.
9. Unizony Sebastian., *et al.* “New Treatment Strategies in Large-Vessel Vasculitis”. *Current Opinion in Rheumatology* 25.1 (2013): 3-9.

Volume 2 Issue 2 May 2018

© All rights are reserved by Elena Gil de la Cruz., *et al.*