Giant Cell Arteritis Associated with Lesion of the Internal Carotid Artery: Assessment of Response to Steroid Therapy by Magnetic Resonance Angiography

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Picture 1. Magnetic resonance angiography (TR: 38.00, TE: 7.00). (A) Before prednisolone therapy. (B) About two weeks after the start of prednisolone therapy. Note the resolution of stenosis of the left internal carotid artery after administration of 60 mg/day of prednisolone (arrows).

A 56-year-old woman presented with headache and bilateral visual disturbance. A diagnosis of giant cell arteritis (GCA) was made based on the GCA criteria proposed by Hunder et al (1). Magnetic resonance angiography (MRA) showed mild stenosis of the right internal carotid artery (ICA) and severe stenosis in the left ICA. Prednisolone therapy resulted in rapid improvement of headache, together with clear visualization of the left ICA performed two weeks later (Picture 1), without ischemic stroke. GCA re-

quires early treatment because it can lead to blindness (2). Brain and neck lesions are mostly located in the vertebral artery and 33% of patients have stenosis in the ICA (3). To our knowledge, there have been no previous reports of improvement of ICA stenosis successfully detected by MRA after administration of prednisolone. Therefore, the case reported here may have important implication for future treatment of GCA.

References

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