Giant Cell Arteritis Developing into Brachial Artery Stenosis

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A 78-year-old woman visited our hospital complaining of high fever. Since the fever did not improve with antibiotics and nonsteroidal anti-inflammatory drugs, she was admitted to the hospital. On admission a test for C reactive protein demonstrated 17.0 mg/dL. She did not have tenderness or swelling in temporal arteries. She showed laterality in radial pulse and her left radial pulse was weakened. Fluorodeoxyglucose-positron emission tomography/computed tomography (FDG-PET/CT) identified uptake of FDG in the aortic arch, abdominal aorta and left brachial artery, etc. (Picture 1). Magnetic resonance angiography (MRA) revealed left brachial artery stenosis (Picture 2). The presumable diagnosis of a giant cell arteritis (GCA) developing into brachial artery stenosis was made. The patient was treated with 30 mg/day of prednisolone, which immediately reduced the fever. Subsequent MRA after steroid therapy showed improvement of brachial artery stenosis (Picture 3). GCA may cause severe complications such as aortic aneurysm, dissec-
tion and/or large artery stenosis (1). FDG-PET/CT is known to be a valuable method in the diagnostic work-up of fever of unknown origin (FUO) (2). GCA should generally be taken into consideration as a differential diagnosis of FUO.

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References