An 82-year-old man was referred for muscle pain. He had experienced pain in the proximal extremities, especially in the morning, for a few months. He also had an occipital headache for one month and had lost 7 kg in body weight over several months. The muscles in the bilateral shoulders and thighs were atrophic, and the left temporal artery was enlarged. The levels of C-reactive protein (CRP) and erythrocyte sedimentation rate (ESR) were 2.6 mg/dL and 47 mm/hour, respectively. A diagnosis of giant cell arteritis (GCA) was suspected; however, a biopsy of the left temporal artery was unremarkable. Positron emission tomography showed abnormal uptake of fluorodeoxy glucose (FDG) in the bilateral vertebral arteries (Picture A), which is reported to be highly specific for diagnosing large-vessel vasculitis (1). We decided to perform a biopsy of the right temporal artery, which revealed granulomatous inflammation with giant cells (Picture B).

The initial biopsy of the temporal artery fails to diagnose 15% (eight of 54) of cases of GCA (2). A biopsy of the other side may be considered in patients who are highly suspected of having GCA, such as was seen in our patient.

The authors state that they have no Conflict of Interest (COI).

References

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