Polyarteritis Nodosa Mimicking Giant Cell (Temporal) Arteritis

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A 62-year-old man was hospitalized due to a fever (>38°C) that had persisted for two weeks in addition to body weight loss (-15 kg). His laboratory data showed a high level of inflammation (white blood cell count: 31,500/μL (neutrophils: 95%), c-reactive protein: 22.4 mg/dL).

Based on his symptoms, including tenderness of a thickened left superficial temporal artery (Picture 1, arrow) and the bilateral thighs, we suspected a diagnosis of giant cell arteritis (GCA) with polymyalgia rheumatica. However, a biopsy of the temporal artery revealed non-giant cell arteritis with neutrophilic granulocytes in the artery wall (Picture 2). In addition, the presence of multiple intrahepatic and intrapancreatic aneurysms confirmed on contrast-enhanced computed tomography (Picture 3, arrows) was compatible with the features of polyarteritis nodosa. We initiated treatment with steroid pulse therapy (methylprednisolone: 1,000 mg intravenously for three days) followed by oral methylprednisolone (48 mg daily), and the patient’s symptoms improved immediately.

Clinicians should therefore consider the possibility of other vasculitis syndromes besides GCA in patients presenting with inflammation of the temporal artery (1, 2).

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References


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