

Aortic impairment in giant-cell arteritis and life-threatening risks

Description

72 years old female, totally independent, with previous diagnosis of temporal arteritis¹ and major cardiac surgery (aortic mechanical valve substitution and dacron graft of the ascending aorta), under treatment with prednisolone and warfarine, was admitted to the Internal Medicine ward due to an hypertensive crisis with chest pain.

Excluded an acute coronary syndrome, the patient has undergone a pulmonary CT scan which revealed a marginal thrombus, without entering flap, just below the left subclavian artery, suggestive of an atheromatous ulceration.² Due to her previous comorbidities, she was also submitted to a positron emission tomography which suggested inflammatory impairment of the ascending, arch and descending aorta (figure 1), as well as the left carotid artery (figure 2).

Standard prednisolone and high doses of statin were implemented and the patient kept her normal life activities.

Four months later, she was readmitted with fever, myalgia and erratic behaviour. Led by an abnormal cardiac auscultation, transthoracic echocardiogram revealed signs of infective endocarditis related to a severe paraprosthetic leak complicated with abscess. Becoming less capable, another major cardiac surgery was weighted, but because the unfavourable risk/benefit ratio only antibiotherapy (aminoglycoside) was implemented.

The patient progressed to a stage of total dependency, leading to the necessity of a permanent nursing facility and, less than a year from her first admission, developed two severe infection, culminating into a fatal nosocomial pneumonia.

Previous information from her cardiac surgery were not available, but one can relate giant-cell arteritis with and aortic aneurism.³

Learning points

1. Giant cell arteritis is not limited to the temporal arteries
2. Because many differential diagnosis are limited to histopathologic analysis, a high index of clinical suspicion is mandatory
3. Corticotherapy is imperative, but, regarding risks and benefits, shouldn't be implemented without a full assessment

References

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Diagnóstico: Aortic impairment in giant-cell arteritis

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