

GIANT CELL VASCULITIS: A DIFFERENTIAL DIAGNOSIS

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BACKGROUND

Giant cell arteritis (GCA), or temporal arteritis, is a chronic vasculitis of medium and large vessel, that usually affects patients over 50 years, and it is more common in women. It is a rare disease, with a variety of differential diagnosis. Without a correct diagnosis and treatment, it can lead to poor evolution and loss of quality of life.

CASE REPORT

Patient PFMN, 60 years old, male, retired military, presented with pain in the face, associate with nasal congestion, chewing pain, myalgia in the lower body. Initially, diagnosed with bacterial sinusitis and treated with oral antibiotics for 7 days, without improvement in symptoms. Associated with these symptoms, appeared frontal and temporal headache, being treated with another cycle of IV antibiotics, but with persistence of symptoms. Inflammatory tests were high (erythrocyte sedimentation rate [ESR] 120 mm/h; C-reactive protein [CRP] 18.54 mg/dL). Computed tomography showed no evidence of complicated sinusitis, chest and skull tomography without alterations. Doppler ultrasound of the temporal arteries was performed, which visualized an image of a periluminal hypoechoic halo (target image) in the right temporal artery, suggestive of temporal arteritis. Temporal artery biopsy was performed for histopathological confirmation. Treatment with corticosteroids was initiated with significant improvement in symptoms and inflammatory tests (ESR: 43 mm/h; CRP: 1.36 mg/dL).

CONCLUSION

Temporal arteritis is a possible differential diagnosis to be considered to chronic

sinusitis. In some cases, the complaint can be interpreted as infection of the superior airway, which can lead to delay in the diagnosis and appropriate therapy institution.