

A Case of Temporal Arteritis Presenting with Sudden Loss of Vision

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Giant cell arteritis (GCA) is a chronic vasculitis involving large and medium-sized vessels. Patients may present fatigue, weight loss, fever, headache, jaw claudication, scalp tenderness, and vision loss [1]. Involvement of the external branches of the carotid artery and the temporal artery is detected most frequently. The most feared complication is vision loss [2].

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CASE PRESENTATION

A 76-year-old female patient revealed retinal vascular occlusion in the examinations for sudden vision loss in the right eye. While her examinations continue, she is referred to our center due to the development of blurred vision in her other eye. On ophthalmological examination, the disc is pale in the right eye, with a cotton wool spot around it, and drusen in the peripheral retina. In the left eye, the disc was slightly hyperemic, and drusen were detected in the peripheral retina. Light reflex was obtained in both eyes. In addition to the patient's eye complaint, a knife-like headache that increased with jaw movements and temporal region tenderness were detected. The patient, who had lost 15 pounds in the last five months, complained of weakness and fatigue. On physical examination, there was no temporal pulse besides temporal tenderness on the right side. In the temporal Doppler ultrasonography, there was an increase in

the right temporal artery wall thickness and no flow to the distal artery. The findings were indicative of GCA. C-reactive protein was 5.71 mg/dL, and sedimentation was 41 mm/hour. The patient was treated with 1000 mg methylprednisolone/day for three days without waiting for a temporal artery biopsy result. The biopsy result was compatible with temporal arteritis. Methotrexate (15 mg/week weekly) was started. After the treatment, the visual loss improved almost completely.

DISCUSSION

The most feared complication of DHA is vision loss. If treatment is delayed, 10-20% of patients may develop permanent vision loss. DHA should be considered in differential diagnoses of patients with sudden vision loss [1,2].

KEY MESSAGE

As in our case, possible visual damage can be prevented by initiating aggressive treatment in the early period in patients who are thought to have vision loss due to GCA.

REFERENCES

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