



Got Arteritis?

NOTES FROM THE PARISH NURSE

Giant cell arteritis is an acute inflammation of large and medium-sized arteries, blood vessels that carry oxygen rich blood from the heart to the rest of the body. Because it affects the arteries of the head most frequently, it is also called **temporal arteritis** or **cranial arteritis**.

The cause of temporal arteritis is unknown, but is thought to be partly due to a faulty immune system response. Severe infection and the use of high doses of antibiotics have also been associated with this disorder. When the arteries become inflamed, they swell and cause a decrease in blood flow to the affected area.

Several factors increase one's risk of getting temporal arteritis. The average age of onset is 70 years. Women are about two times more likely than men to get the condition. People of Northern Europe, particularly Scandinavians, appear to have a higher rate of incidence.

Severe head pain over the temporal (in front of the ear) area is the most common symptom of temporal arteritis. It may affect one or both temples. It is unrelenting and usually quite different from an ordinary headache. It may be accompanied by local scalp tenderness, which makes it painful to comb one's hair. Often one has fever, malaise, and aching muscles at the onset...flu-like symptoms. Jaw pain when chewing is another symptom. Because of decreased blood flow to the eyes, double or blurred vision is not uncommon and blindness may result if temporal arteritis is not recognized and treated promptly.

Temporal arteritis can be difficult to diagnose because its early symptoms are similar to those of other conditions and diseases. The following tests might be done to help make a diagnosis:

- Physical exam - Temporal arteries may be tender, the pulse may be reduced, and the arteries may feel cord-like.
- Blood tests - Sedimentation rate and C-reactive protein can show if there is inflammation in the body.
- Biopsy - The best way to confirm a diagnosis is to biopsy the temporal artery. The biopsy is taken from part of the artery located at the hairline in front of the ear.
- Imaging - MRIs, ultrasound, and PET scans can also be used for diagnosis.

Treatment needs to be started promptly to save eyesight, so a physician may start medication even before a biopsy has been done. Prednisone, a corticosteroid, is the choice of drug because it is a powerful anti-inflammatory. It also can relieve pain effectively. High doses are used initially and then tapered off. Symptoms subside quickly, but one needs to continue on prednisone for 1-2 years. The prognosis is excellent if temporal (giant cell) arteritis is diagnosed and treated early.