

Mesenteric Giant Cell Arteritis An Uncommon Cause Of Small Bowel Infarction

S Pedamallu, S Habib, S Slater, P Handslip

Citation

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Abstract

Arteritis as a cause of small bowel infarction is not uncommon. Mesenteric giant cell arteritis is a rare but potential cause of small bowel infarction. The prevalence of giant cell arteritis is unknown as temporal artery biopsy is not routinely performed. Therefore, it may be involved more frequently in ischemic events than previously thought.

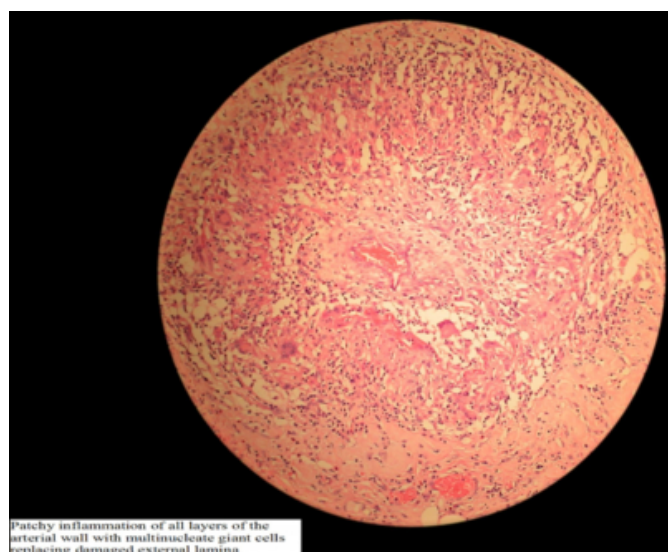
CASE REPORT

An 85 year old lady presented with nausea, vomiting, spiking temperature, constipation, blurry vision, epigastric and central abdominal tenderness. The blood picture revealed a C-reactive protein of 475, Erythrocyte sedimentation rate of 95, white cell count of 25 with a neutrophil count of 22. Emergency laparotomy with excision of the gangrenous small bowel was performed under general anaesthesia.

Histological diagnosis is consistent with Giant cell arteritis. She was treated postoperatively with steroids.

Figure 1

Figure 1: Histopathological photograph of a medium sized artery showing findings consistent with Giant cell arteritis.



DISCUSSION

Giant cell arteritis is a systemic, inflammatory, vascular syndrome that can affect almost any artery. Traditionally it was known as temporal arteritis. Giant cell arteritis of the coronary arteries causing myocardial infarction, of the aorta causing dissecting aneurysm and of cerebral arteries causing stroke have been described in the literature.

There is sparse documentation of giant cell arteritis as a cause of small bowel infarction. There are a few published cases of giant cell arteritis presenting with small bowel infarction or perforation (1,2,3,4,5,6,7). Two case reports have shown isolated mesenteric giant cell arteritis with a negative temporal artery biopsy (2, 3). Most recently a patient with mesenteric giant cell arteritis resulting in small bowel perforation and ischemia was described (1).

In our case no temporal artery biopsy has been performed and therefore, we can not claim this to be an isolated mesenteric giant cell arteritis. However, the sudden onset of visual disturbance is suggestive of ophthalmic involvement.

CONCLUSION

Clinical suspicion of mesenteric giant cell arteritis in all cases of small bowel obstruction with high erythrocyte sedimentation rate and early treatment with corticosteroids can prevent further vascular occlusions.

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CORRESPONDENCE TO

Dr. Srinivas B Pedamallu 8, Stewart Street, Nuneaton, CV11 5SA, United Kingdom Email: pbs6vas@yahoo.com Mobile: 00447886141004

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Author Information

Srinivas B. Pedamallu, M.B.B.S., M.S.

Department of General Surgery, George Eliot Hospital

Sherif Habib, F.R.C.S.

Department of General Surgery, George Eliot Hospital

Sarah Slater, M.B.B.S.

Department of General Medicine, George Eliot Hospital

Peter Handslip, F.R.C.P.

Department of General Medicine, George Eliot Hospital