

A visual Disturbance of a Composite Origin

Magro VM¹ and Caturano M²

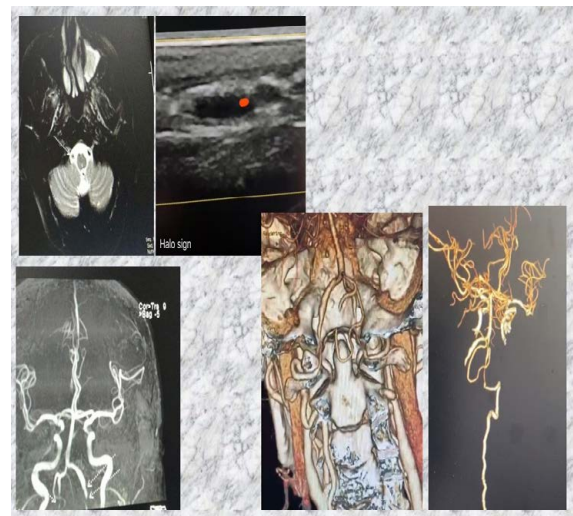
¹Department of Internal Medicine and Geriatrics, University of Campania "Luigi Vanvitelli", Naples, Italy

²Department of Internal Medicine, AORN San Giovanni di Dio and Ruggi d'Aragona, Salerno, Italy

Background: An involvement of the vertebral arteries is an infrequent but possible occurrence and described in the literature in patients with Horton's arteritis.

Case history: 73-year-old patient suffering from fleeting amaurosis since few days, with significant loss of balance. High indexes of inflammation. Neurological examination appeared negative, but MRI showed a subacute right occipital lesion. MRA was performed, which revealed stenosis of the vertebral arteries, which were hemodynamically significant. She underwent double anti-aggregation and subsequent placement of a single vertebral stent (due to unfavorable anatomy of the other artery). During the hospitalization, the patient complained of temporal headache and of an ocular disorder characterized by green flashes. An ultrasound was performed with a positive halo sign. The fundus oculi was consistent with vascular inflammation. The temporal biopsy confirmed the diagnosis of Horton's arteritis, for which we decided to start a cortisonic treatment, with regression of the ocular symptoms.

Discussion: Horton's temporal arteritis is a granulomatous vasculitis that electively affects the aorta and its main branches with a preference for the extracranial branches of the carotid while the intracranial vessels are typically not affected. Neurological manifestations can occur when the carotid or vertebrobasilar arteries or their branches are reduced in diameter or occluded.



References

1. Bajko Z, Filep RC, Maier S, Motataianu A, Andone S, et al. (2019) Bilateral vertebral artery occlusion without stroke secondary to giant cell arteritis. *Acta Reumatol Port* 44: 270-272.
2. Healy S, Simpson M, Kitchen WJ, Jacob A, Crooks D, et al. (2019) Steroid refractory giant cell arteritis with bilateral vertebral artery occlusion and middle cerebellar peduncle infarction. *J R Coll Physicians Edinb* 49: 118-121.