

Inaugural Intestinal Involvement of Horton's Disease

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ABSTRACT

Introduction: Horton's disease (HD), or giant cell arteritis, is a predominantly cephalic systemic vasculitis of the elderly. Systemic visceral manifestations, especially intestinal, remain exceptional during this vasculitis.

We report an observation with inaugural intestinal complication of the disease.

Observation: 63-year-old patient was admitted to surgery for acute abdominal pain with nausea and bilious vomiting. The clinical examination noted a blood pressure of 110/60, a distended and sensitive, and blood issue in rectal examination. Biology, especially amylase was normal. The X-ray of the abdomen without preparation did not show signs of occlusion. Abdominal CT showed a diffuse dilatation of the intestinal loops with thickened and oedematous wall that take the contrast annularly. The angiographic sequences showed superior mesenteric vein thrombosis and circumferential thickening of the abdominal aorta. All of his signs were consistent with the diagnosis of venous mesenteric infarction. An internist's opinion was requested in the absence of atheromatous terrain. The thrombophilic balance, including anti-cardiolipin antibody testing, was negative, as was the search for underlying neoplasia. The biopsy of the left temporal artery required in front of the appearance of the aortitis on CT-scan confirmed the diagnosis of HD. The patient was effectively anticoagulated and treated with steroids at 1mg/kg/day for one month followed by a progressive decrease, with favorable evolution.

Discussion and conclusion: The review of the world literature made in 2007 by Annamalai A. et al., found only 15 cases of intestinal damage during HD; of these cases only 11 were histologically proven. This intestinal localization may exceptionally be the first manifestation revealing HD.

Intestinal thromboses are mainly explained by the underlying vasculitis and anti-phospholipid antibodies associated in almost half of cases.

HD should be considered as a possible diagnosis for infarction or acute mesenteric ischemia that is not proven in the elderly.