An Exceptional Digestive Complication of Horton's Disease

Belgacem N
Machfer H
Regaïeg N
Ben Hamad M
Trabelsi S
Guefrech I
Bouomrani S

Department of Internal Medicine-Military Hospital of Gabes 6000-Tunisia

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ABSTRACT

Introduction: Visceral digestive manifestations in Horton's disease (HD) are rare and dominated by intestinal necrosis and ischemia (Scola CJ 2008, Annamalai A. 2007, Trimble MA 2002). Pancreatic involvement remains exceptional and unusual. We report a particular observation of acute edematous pancreatitis during an evolutionary flare of HD.

Case report: An 80-year-old patient, diagnosed with HD for 10 years with positive right temporal artery biopsy. He received oral corticosteroid with a favorable evolution. He was hospitalized 10 years later for acute abdominal pain with bilious vomiting associated with clinical signs of HD. Biology noted amylasemia at 309 IU/L and an ESR at 70/mmH1 without other abnormalities. Abdominal ultrasonography and CT showed acute stage B pancreatitis with no other abnormalities; in particular, a fine intra and extrahepatic bile ducts, an alithiasic vesicle, an unexpanded Wirsung and absence of adenopathies and hepato-pancreatic and intra-abdominal tumoral lesions as well as the absence of pancreatic calcifications. The patient was not under corticosteroids at that time. The antiphospholipid antibodies were negative. An acute exacerbation of her disease was also diagnosed given the headache, the elevated ESR, and the appearance of thoracic aortitis on CT. Systemic corticosteroid therapy at 0.5mg/d was initiated with a favorable evolution.

Conclusion: The plausible mechanism of this pancreatitis is that of diffuse vasculitis. In our observation, the negativity of the etiologic assessment of pancreatitis as well as its concomitant onset with the acute exacerbation of the temporal vasculitis and its improvement under systemic corticosteroids allow us to link it directly to HD. This unusual complication deserves to be kept in mind during HD, especially at the beginning of the treatment by systemic corticosteroids.