

Horton's Disease Revealed by Febrile Pneumonia

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ABSTRACT

Introduction: Respiratory symptoms associated with giant cell arteritis are rare and not well known. They can be inaugural, leading to a late management if unrecognized.

Observation: We report the case of a 65-year-old woman admitted for chronic cough, prolonged fever, and alteration of the general state. Physical examination showed only fever at 38.2 ° C with normal pulmonary auscultation. The temporal pulses were present. The biological exploration revealed a biological inflammatory syndrome with anemia (hemoglobin at 9.1 g / dl). An infectious origin was suspected by the field and the fever, so an antibiotic was prescribed. The persistence of clinical and biological signs has characterized the follow-up. The infectious investigation was negative. Blood cultures, cytobacteriological urine exam and search for BK in spit were negative. A thoracoabdominopelvic CT scan and a cardiac ultrasound were normal. Immunological assessment was negative. Tumor marker was normal. Infectious, hematologic, and neoplastic origin of fever was eliminated. Horton's disease was evoked. Temporal artery biopsy showed a giant cell arteritis without sign of activity. Corticosteroid therapy was started at a dose of 0.7 mg / kg / day. The disappearance of cough, fever and alteration of the general state has marked the follow up. And the biological inflammatory syndrome has also regressed.

Conclusion: Horton's disease should be investigated by physical examination especially in the febrile old patient with unexplained respiratory signs. Temporal artery biopsy must be proposed to avoid delayed diagnosis that can sometimes lead to serious vascular complications.