

## Neurological Manifestations of Giant Cell Arteritis

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### ABSTRACT

**Introduction:** The neurological manifestations during giant cell arteritis (GCA) are multiple and varied, they can affect the central or peripheral nervous system and are dominated by ischemic stroke.

The aim of this study was to study the clinical profile of patients with GCA complicated by neurological disease and to identify the main neurological manifestations of GCA.

**Patients and methods:** This is a retrospective study collecting 30 cases of GCA followed in the internal medicine department. The diagnosis of GCA was retained according to the ACR 1990 criteria.

**Results:** The study included thirty patients with GCA over a 10-year period, from January 2004 to March 2014. The mean age of our patients was 68 years  $\pm$  8.5 (range 50-82 years). There were 19 women (63.3%) and 11 men (36.7%).

The associated comorbidities were represented by hypertension and diabetes in 6 cases for each (40%), chronic renal failure, Sjörger and cardiac arrhythmia in one case for each.

Six of them had neurological manifestations (20% of cases).

These manifestations were represented by an ischemic stroke (carotid artery) (the anterior Sylvian artery in 2 cases) and the vertebrobasilar territory in 2 other cases. A peripheral neuropathy of diffuse axonal diffuse sensory motor neuropathy was noted in one case. In addition, we found optic nerve damage in 2 cases and oculomotor nerve damage in another case.

The brain scan was performed in 6 patients; it was normal in 2 cases and showed an ischemic stroke in 4 cases.

**Conclusion:** Neurological manifestation is seen in 5 to 32% of patients with GCA. Ischemic stroke is the most common neurological manifestation; it can precede or complicate the corticotherapy. The involvement of the peripheral nervous system is less frequent.