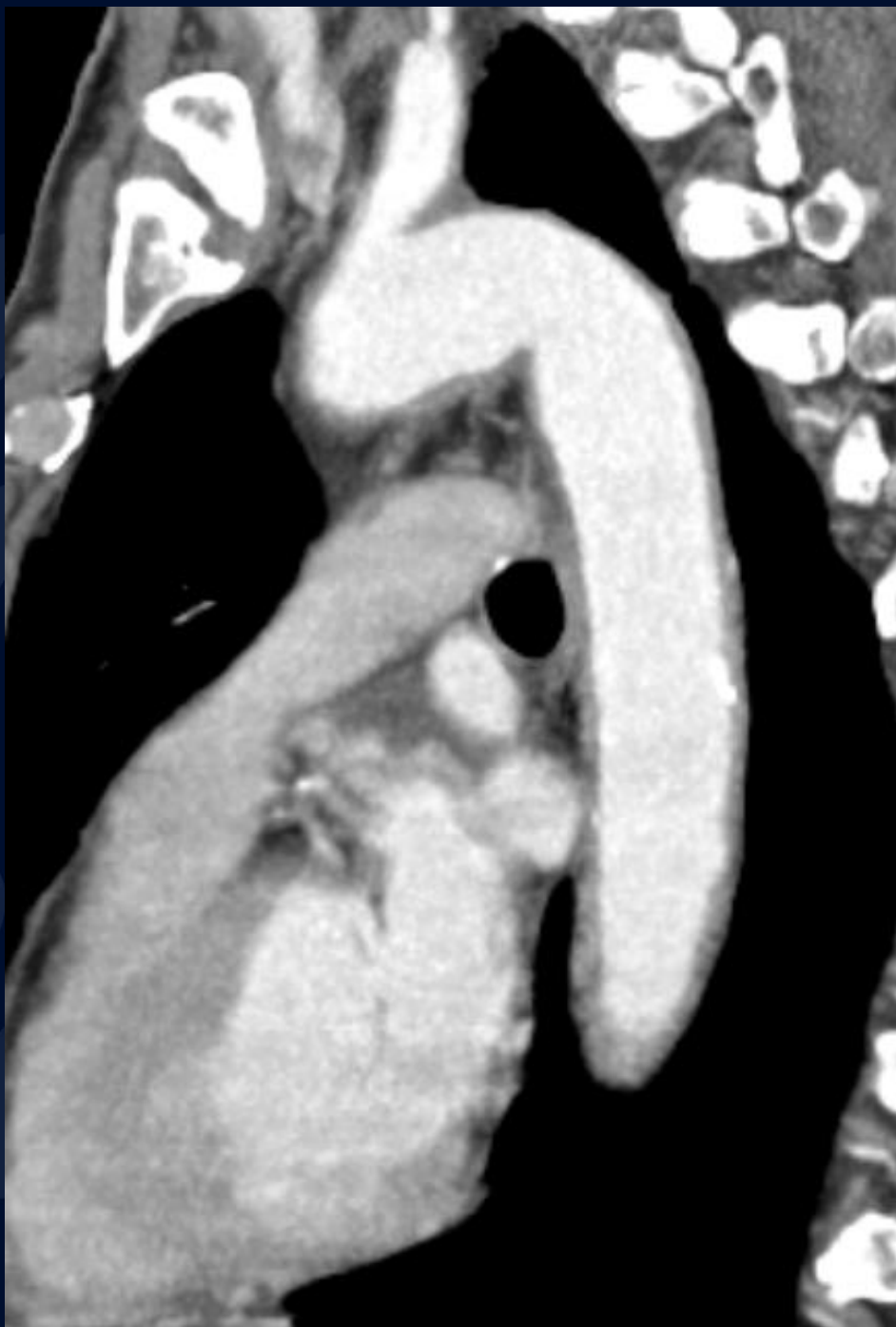


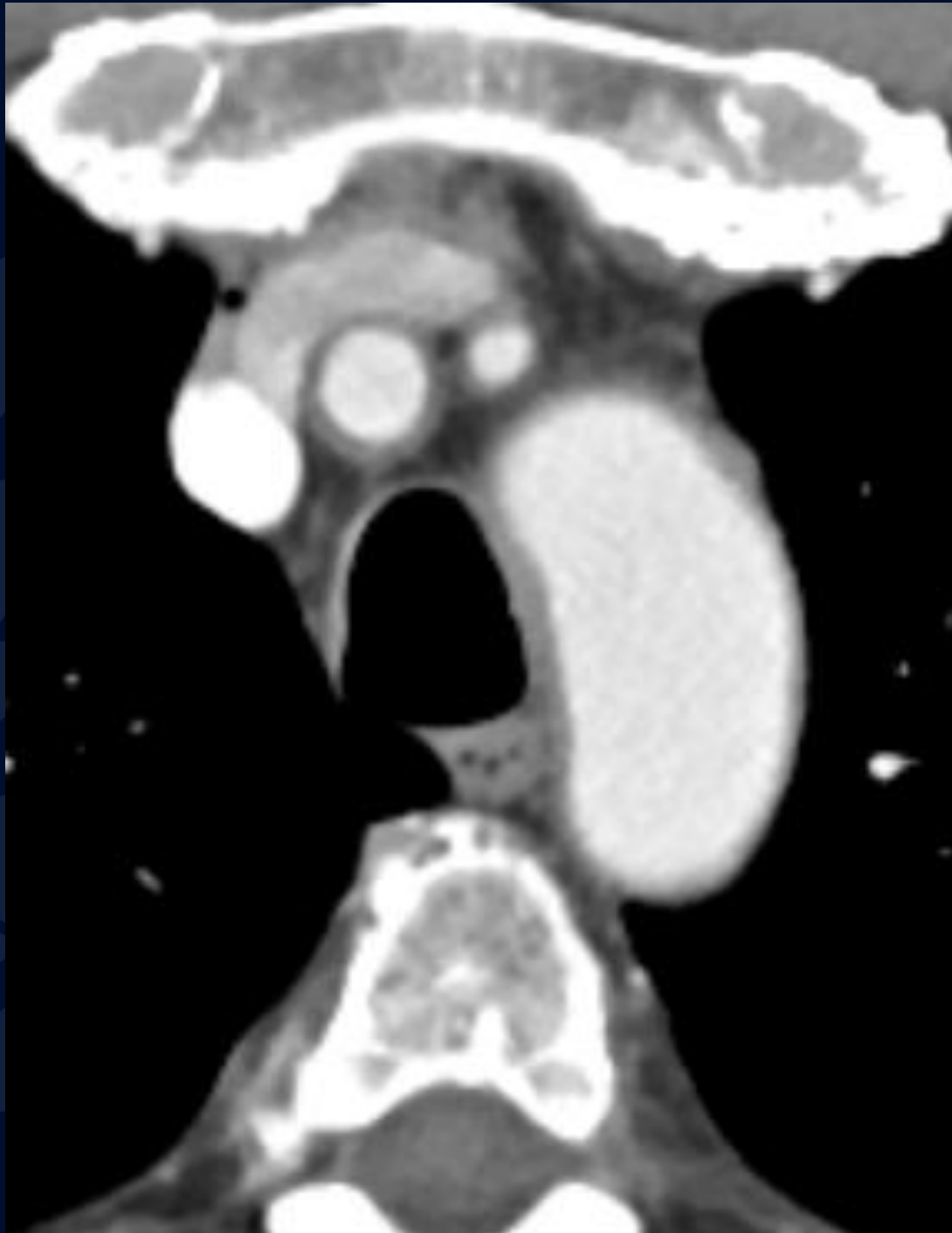
A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide, partially overlapping the text.

61 y/o male with joint pain and elevated CRP

Atul Kumar, MD MS
Charan K Singh, MD



Sagittal view of
thorax



Axial view of
chest at level
aortic arch



Axial view of
upper abdomen



Axial view of
pelvis



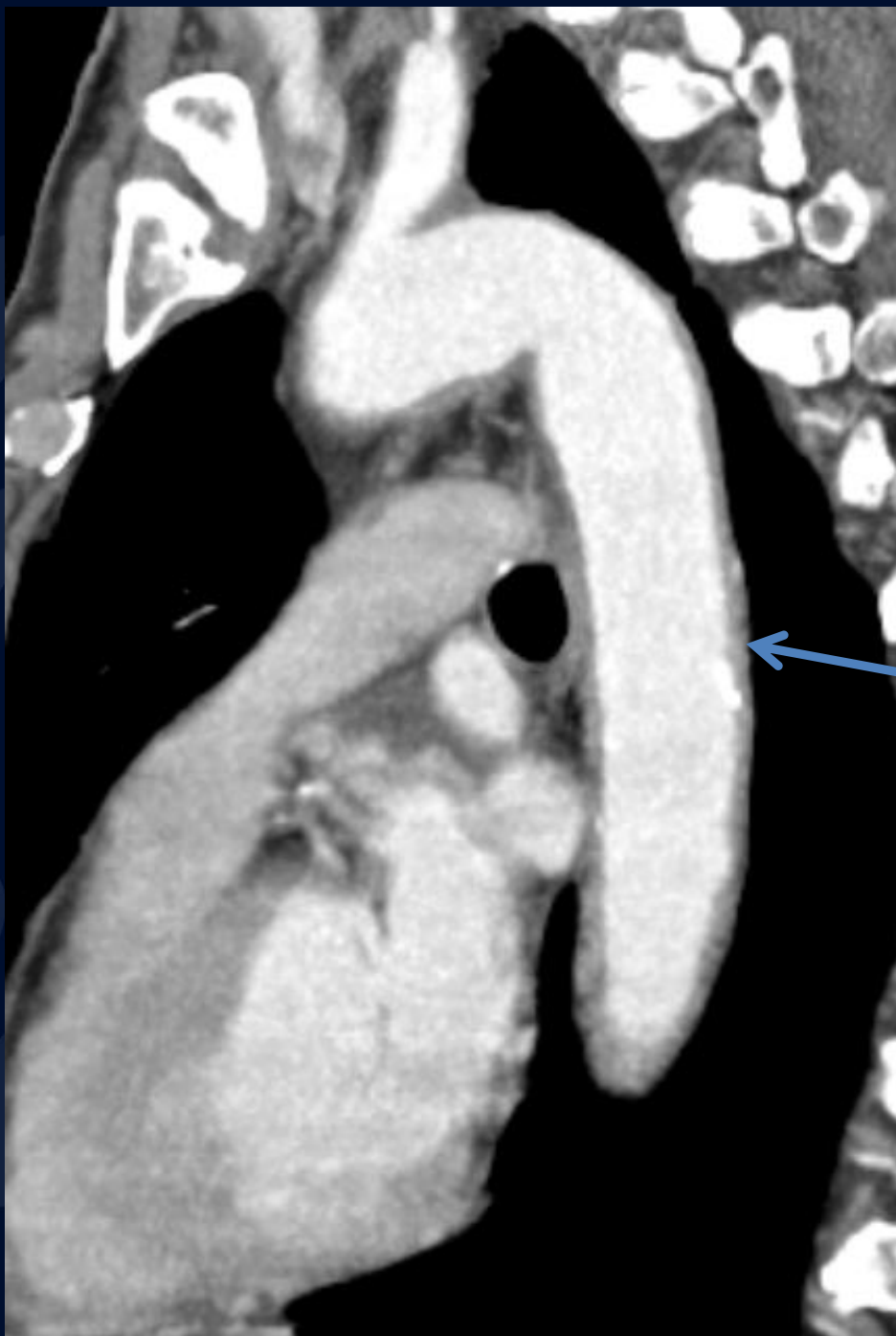
Coronal view of
abdomen

A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. It features detailed vein patterns and a lobed edge.

?

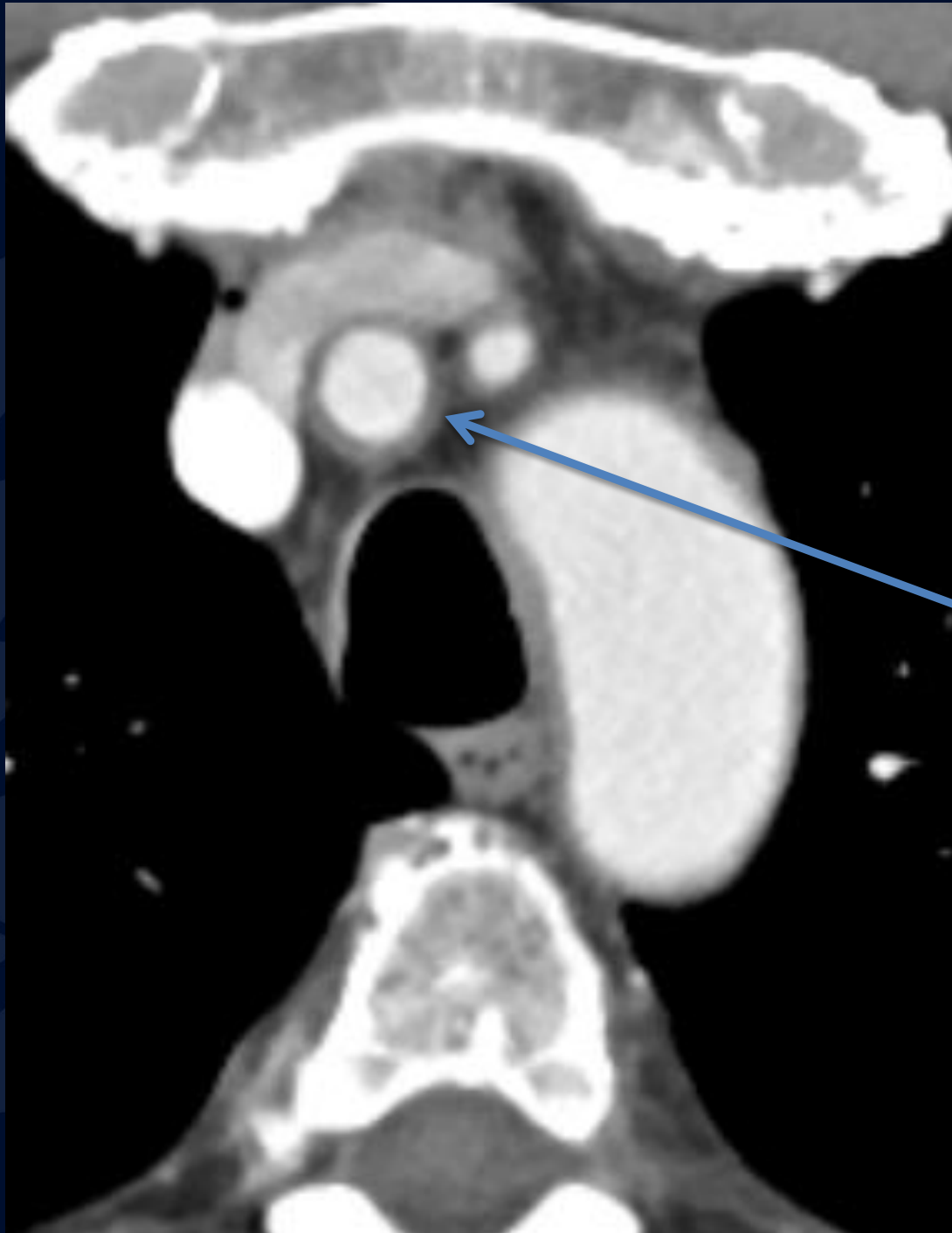
A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. The leaf has a prominent central vein and several smaller veins branching off it. The overall shape is elongated and tapers towards the top.

Giant Cell Arteritis



Sagittal view of
thorax

Diffuse
circumferential
wall thickening of
the descending
aorta



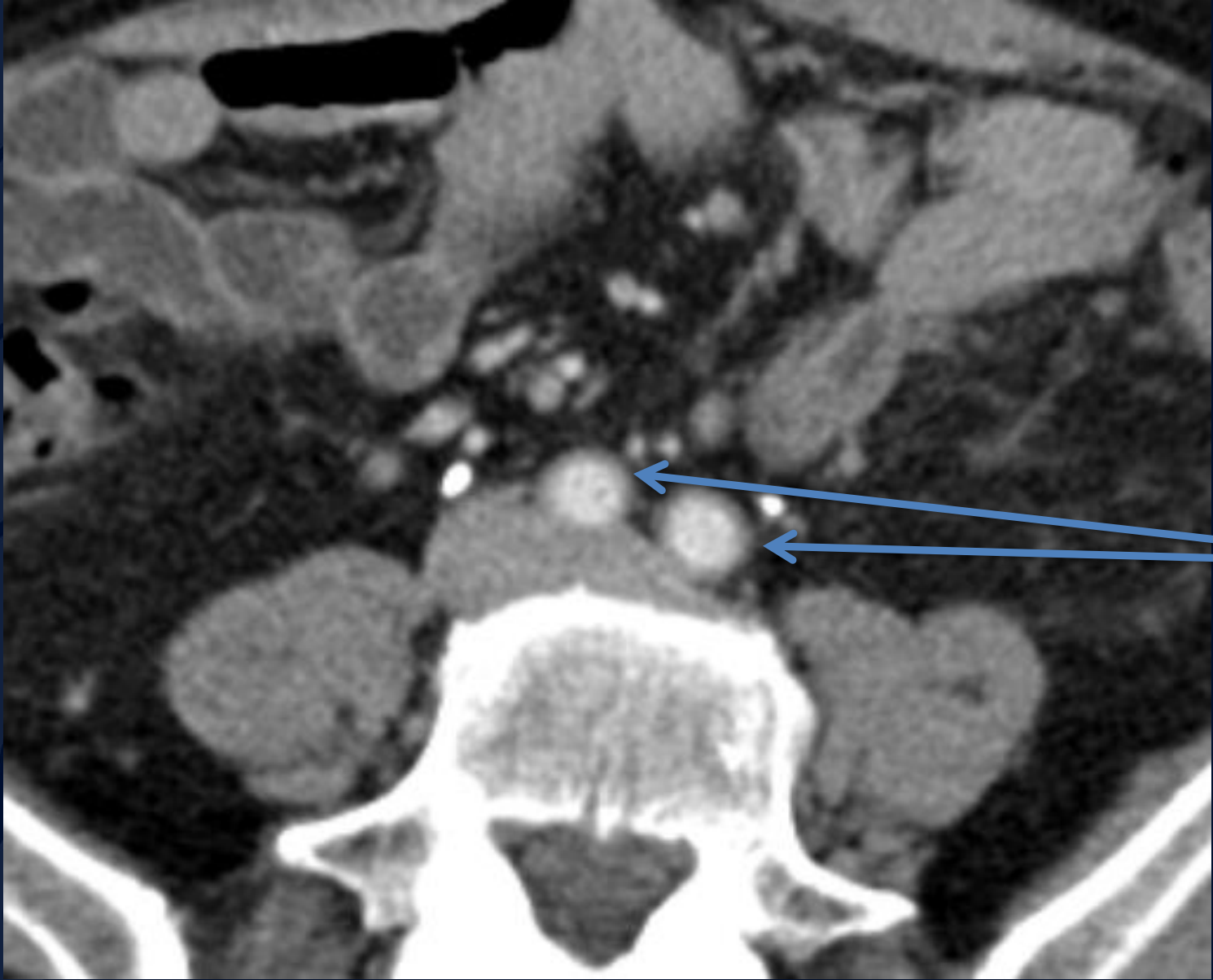
Axial view of
chest at level
aortic arch

Diffuse
circumferential
wall thickening of
the right
brachiocephalic
artery



Axial view of
upper abdomen

Diffuse
circumferential wall
thickening of
abdominal aorta



Axial view of pelvis

Diffuse circumferential wall thickening of the bilateral common iliac arteries

Coronal view of
abdomen

Diffuse
circumferential
wall thickening
of the left renal
artery

Giant Cell Arteritis

- Large vessel arteritis
- Aka temporal arteritis
- More commonly occurs in patients > 50 y/o
- Involves large arteries
 - Aorta
 - Main aortic branches
 - Temporal artery
- Increased risk of aortic aneurysm and dissection
- Top DDx is Takayasu arteritis
 - Rare in patients > 50 y/o

References

- Bau, Jennifer L., et al. “Giant Cell Arteritis.” *American Journal of Roentgenology*, vol. 181, no. 3, 2003, pp. 742–742., doi:10.2214/ajr.181.3.1810742.
- Khan, Asad, and Bhaskar Dasgupta. “Imaging in Giant Cell Arteritis.” *Current Rheumatology Reports*, vol. 17, no. 8, 2015, doi:10.1007/s11926-015-0527-y.