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Cutaneous Manifestations of Giant Cell Arteritis

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A 68 year old woman presented to the emergency department with pain and swelling of her lips and tongue (Figure 1). Past medical history included only chronic obstructive pulmonary disease from smoking. One week prior she was given the diagnosis of “oral thrush” by her primary care physician thought to be secondary to several intramuscular corticosteroid injections she received for worsening arthritic symptoms of the hands and knees over the preceding few months. She was given oral diflucan and discharged home. The next day she returned to the emergency department with sudden loss of vision of the left eye and progressive left upper eyelid ptosis. She was referred to an ophthalmologist who noted a visual acuity of no light perception of the left eye, left upper eyelid ptosis, and a total pupil involving left CN III palsy (Figure 2). Funduscopic examination revealed a left central retinal artery occlusion and ischemic optic neuropathy. She was immediately started on oral prednisone 1.25mg/kg/day, and presented for a temporal artery biopsy four days later. Examination was unchanged with the exception of new bilateral eschars of the temples (Figures 3,4). A left temporal artery biopsy confirmed the diagnosis of giant cell arteritis (Figure 5). One year later, the patient remained blind in the left eye with partial loss of the tongue and lips, but was otherwise stable.