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MONONEURITIS MULTIPLEX CAUSED BY GIANT CELLS ARTERITIS TREATED WITH AZATHIOPRINE: CASE REPORT

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BACKGROUND

Giant cells arteritis (GCA) is a systemic vasculitis of large and medium sized vessels. Involvement of peripheral nervous system are related in literature but uncommon. The objective of this work was to describe a case of mononeuritis multiplex caused by giant cells arteritis treated successfully with high dosage of prednisone and azathioprine.

CASE REPORT

Male patient, 62 years old, presented with weight loss, fever, fatigue pain in lower limbs, decreased muscle strength of the left hand and paresthesia of the hands and feet, initiated one month ago. During our evaluation, the patient related jaw claudication, scalp allodynia and headache. On physical examination, there was decrease in strength in the abductor muscles of the fingers, opponents of the thumb, flexors of the fingers and wrists, worse in left hand than in right. Laboratorial exams showed increased levels of erythrocyte sedimentation rate (ESR), anemia, negative antinuclear antibody (ANA) and rheumatoid factor. Serology to HIV, B and C hepatitis, syphilis, herpes and zoster virus, and lymph sample submitted for acid-fast bacilli testing was also negative. Brain magnetic resonance imaging (MRI) was normal and electroneuromyography from upper and lower limbs demonstrated signs of mononeuritis multiplex. Due to jaw claudication, scalp allodynia and headaches, a temporal artery biopsy was required. It showed a mild acute inflammation in the middle layer, with focal area of chronic inflammation in adventitia. After the biopsy, pulse therapy with methylprednisolone 1 g/day by 3 days and maintenance doses of 1 mg/kg/day was done. Due to mononeuritis, azathioprine was added as a corticosteroid sparing plus gabapentin as pain modulator. Another electroneuromyography performed after four months demonstrated a small improvement of sensory nerve action potentials of the ulnar and superficial radial nerves and no current denervation activity was evidenced. After 18 months, the patient presented with normal muscle strength and without paresthesia or pain, using azathioprine 2 mg/kg plus prednisone 5 mg daily.

CONCLUSION

Giant cells arteritis should be considered in patients with mononeuritis multiplex and its treatment initiated to improve the outcome.