A rare case of giant cell arteritis treated for bilateral limb thromboembolism

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Disclosure

Speaker name:
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I have the following potential conflicts of interest to report:

- Consulting
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)

X I do not have any potential conflict of interest
Giant cell arteritis (GCA)

- Large-vessel vasculitis
- $> 50$ years of age
- Associated with increased CVD risk (Tomasson et al.)
- Associated with increased venous or arterial thrombosis (Gonzalez-Gay et al., Aviña-Zubieta et al.)

However, cases of peripheral arterial thromboembolism are rare
Case presentation

- 69-year-old female
- History: GCA (under treatment), no arrhythmia
- Acute right lower limb pain
- Duration: 3 hours
- Examination: Signs of acute ischemia
- Absent pulses at the level of CFA
- Left lower limb: no signs of acute ischemia, however pulses were absent at the foot
DSA

- Thrombosis of right CFA
- Thromboembolism of the left tibial/peroneal arteries
Treatment

- Emergency procedure
- Bilateral thrombectomy
- Recent and older thrombi
- Palpable arteries post-OP
- UFH for the first 48 hours - LMWH thereafter
- Heart U/S: unremarkable
- Discharge under per os coumarins
- No symptoms after 6 months
Discussion

✓ GCA has the greatest platelet-hyperactivity among all inflammatory arthritides (Riddle et al.)
✓ High prevalence of antiphospholipid antibodies (Espinosa et al.)
✓ Aspirin (75-100mg) is recommended as prophylaxis (Ness et al.)
✓ Duration of anticoagulation after an episode?
✓ Are there other risk factors?
Conclusions

✓ Peripheral arterial thromboembolism can occur even in cases with giant cell arteritis that necessitates emergency surgical management.

✓ Long-term per os anticoagulation treatment needs to be initiated postoperatively for prophylaxis.
THANK YOU FOR YOUR ATTENTION
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