To the Editor:

Giant cell arteritis (GCA) is a rare cause of stroke involving cervical vertebral arteries. We describe a patient with no clinical symptoms of GCA and several cardiovascular risk factors. GCA was considered because of multiple and concentric stenosis of the right cervical vertebral artery and occlusion of the left one.

A 76-year-old man was admitted with a 1-month history of progressive onset of right facial paresthesia, dysarthria, gait ataxia, vertigo, and left

Figure 1. A. Right vertebral angiogram revealed multiple and concentric stenosis. B. Cerebral angiography revealed multiple stenosis of the right vertebral artery in the extradural portion, a normal diameter of the intradural portion and of the basilar artery, and occlusion of the left vertebral artery. C. Ultrasonography showed concentric stenosis of the right vertebral artery.
Our patient had no symptom of GCA, with no headache, but the characteristics of multiple and concentric stenosis of the right vertebral artery pointed toward the diagnosis. TAB not only confirmed the diagnosis but also revealed a complete luminal obstruction. Makkuni, et al. suggested that the degree of intimal hyperplasia was associated with ischemic complications in GCA.

Even if clinical symptoms are not evident, GCA should be considered in patients over age 50 years with multiple and concentric stenosis of extracranial vertebral arteries. Diagnosis may be difficult in the absence of headache and presence of atherosclerotic risk factors, but poor prognosis can be worsened by the delay of immunosuppressive treatment.

REFERENCES