Posterior circulation stroke due to large vessel vasculitis ie. Giant cell arteritis
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Background
Posterior circulation stroke accounts for 20-25% of ischaemic strokes in the UK. The main causes are vertebrobasilar artery atherosclerosis / dissection and embolism from the heart. This case report illustrated large vessel arteritis as another cause of posterior circulation stroke.

Case Report
A 76-year-old lady with background of hypertension and polymyalgia rheumatica presented with a new left-sided temporal headache, pain when chewing and combing her hair, blurred vision, dizziness, numbness in her right face, arm and leg.

She had been on prednisolone for 3 years due to recurrent flare up of her polymyalgia symptoms. She managed to wean it off completely 2 months prior to this admission.

On examination, she had diplopia but otherwise neurology examination was grossly normal. Her blood test shows raised inflammatory markers including ESR 61 and CRP 25. CT head was nil acute.

She was treated as giant cell arteritis with high dose prednisolone with rapid improvement of her symptoms. She was later reviewed in outpatient rheumatology and stroke clinic in which further investigations were requested. Ultrasound of temporal artery shows right-sided occlusion in parietal branch. MR angiogram revealed bilateral occipital infarction and occlusion of posterior cerebral artery. She was advised to continue her prednisolone (reducing regime) for further 18 months together with bone protection therapy. She was also given anti-platelet for secondary prevention of cardiovascular diseases.

Discussion
A study by Gonzalez-Gay shows that out of 287 patients with biopsy-proven giant cell arteritis, 8 of them (2.8%) had stroke between the onset of symptoms and 4 weeks after starting steroid therapy. Among the 8 people with stroke and giant cell arteritis, 7 of them (87.5%) had posterior circulation infarction. In view of the study finding, posterior circulation stroke is a known but uncommon complication of large vessel vasculitis.

Learning Point
On clinical practice, any patients who presented with stroke like symptoms, headache and raised ESR, giant cell arteritis should be considered as one of the differential diagnosis.

References