

Giant Cell Arteritis

Giant cell arteritis (GCA), also known as **temporal arteritis**, is a chronic inflammation of the lining of medium- and large-sized arteries. The cause of giant cell arteritis is unknown. Left untreated it can lead to blindness. Treatment should be initiated as soon as the diagnosis is suspected.

Giant cell arteritis rarely occurs in people below 50 years of age, and it typically begins at around age 70. Women are more likely to develop GCA than men, and Caucasians are affected at a much higher rate than people of other races. People of Scandinavian ancestry are at particular risk. If you have **polymyalgia rheumatica**, you have an increased risk of having GCA as well.

Signs to look for include:

- flu-like symptoms including headache, fatigue, and fever;
- blurred vision;
- double vision;
- scalp tenderness;
- jaw pain;
- stiffness or pain in the neck, hip, or arms; and
- unexplained weight loss.

If blood flow to the eyes is restricted by GCA, it can lead to a condition called **arteritic ischemic optic neuropathy**, which can cause sudden blindness in one or sometimes both eyes. When treated quickly with high doses of corticosteroids (anti-inflammatory medications) before you experience loss of vision, your symptoms will be relieved and chances are excellent that your eyes will not be affected. For this reason, your ophthalmologist (Eye M.D.) may begin treatment before a biopsy can confirm your diagnosis. You may need to take corticosteroids for as long as a few years, though at lower dosage levels.

Major side effects of corticosteroids include:

- osteoporosis;
- high blood pressure;
- muscle weakness; and
- cataracts.

You should discuss the possible complications of taking corticosteroids and alternative treatment options with your ophthalmologist.