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Rapid progression from aortitis to aortic dissection in giant cell arteritis (GCA)

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Giant Cell Arteritis (GCA) is the most common systemic vasculitis of adults over the age of 50. It affects large and medium sized vessels and expresses partiality for the thoracic aorta and great vessels. Subclinical or clinical aortitis is common and progression to acute aortic syndromes occurs in 1-6% of cases. Unfortunately, predictive factors for such sequelae in GCA have not been identified. We describe a rare care of a 75 year old lady who underwent rapid progression from aortitis to a Stamford type A dissection, in the setting of being recently diagnosed with GCA. A 75 year old lady with a background history with dyslipidemia and diabetes presented with severe chest pain. CT aortogram revealed thickening of the ascending aorta and arch walls. Infective causes were ruled out and rheumatology diagnosed her with histology negative and PET positive large vessel vasculitis. High dose steroid and methotrexate was initiated. One month later, she presented with recurrence of pain. Repeat imaging revealed a dissecting aneurysm limited to the ascending aorta with a false lumen measuring 34x19 mm. The patient underwent emergent surgery via median sternotomy and central cannulation. The intraoperative findings revealed an engorged and bruised aorta. As the diseased aorta was opened, it revealed a large contained hematoma contained within the peri-aortic tissues extending from sino-tubular junction to proximal arch. The intimal tear was identified and excised. The dissected ascending aorta was excised and replaced with a 32 mm Dacron graft. The open distal anastomosis was completed during a short period of hypothermic cerebral perfusion. Following weaning from bypass and rewarming. Delayed primary closure was preformed due to coagulopathy. The patient subsequently recovered well without sequelae and was discharged home. Patients with GCA are at risk of fatal thoracic aortic complications. Physicians should be alert and this progression is unpredictable. Close monitoring with serial imaging is important. Early surgical intervention may be life-saving.

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