

# Scalp Necrosis in Giant Cell Arteritis



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A 67-year-old woman presented with a 2-month history of headache; jaw claudication, weight loss of 6 kg; right-hand ischemia; and scalp necrosis (Figure 1A and B), which developed at the same time as her other symptoms. She had no visual symptoms and ophthalmic examination results were normal, with no occult visual arterial abnormalities suggestive of subclinical ischemia. Both temporal arteries were indurated on physical examination. Her C-reactive protein (CRP) level was at 92 mg/L.

Duplex ultrasonography showed halo sign (dark halo around arterial lumen) on temporal arteries (Figure 2A) and inflammatory stenosis of right axillary artery (Figure 2B). Moreover, there was aortitis on computed tomography scan.

The patient refused temporal artery biopsy. The diagnosis of scalp necrosis as a complication of giant-cell arteritis (GCA) was made on high clinical suspicion of GCA (age above 50, headache, weight loss, biological inflammatory syndrome, and scalp

necrosis) and 2 positive imaging tests; in this context, the diagnosis of GCA may be made without a biopsy.<sup>1</sup>

Prednisone 1 mg/kg per day was started; symptoms improved quickly, with normalization of CRP and a complete healing of the scalp necrosis at 1 month.

The differential diagnoses of scalp ulceration and crusting includes basal cell carcinoma, squamous cell carcinoma, herpes zoster, pustular dermatosis of the scalp, irritant contact dermatitis, pyoderma gangrenosum, and postradiation changes.

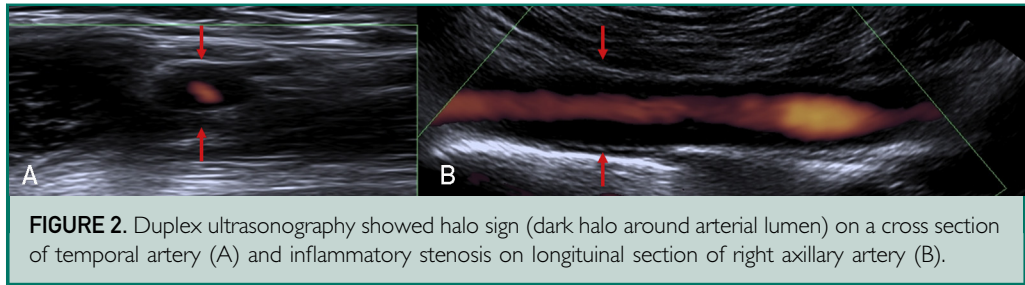
Scalp necrosis related to GCA is rare. It is related to occlusive arterial vasculitis, causing tissue ischemia. Lesions respond to systemic corticosteroids, usually at higher doses (prednisone >40 mg/day), and recurrence may occur during steroid taper.<sup>2</sup>

Scalp necrosis could be associated to higher incidence of visual loss (32%)<sup>2,3</sup> or tongue necrosis<sup>3,4</sup> and is usually considered as a poor prognostic indicator in GCA, requiring urgent treatment. Therefore, we

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FIGURE 1. Scalp necrosis related to giant-cell arteritis.



believe that tocilizumab, given its recent approval for the treatment of GCA, should be specifically evaluated in this situation.

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