



Figure. Contrast enhanced MR angiogram reveals short segment severe (>75%) stenosis of the brachiocephalic trunk (arrow) with relatively normal distal circulation (A). A metallic stent was placed across the stenosis after balloon dilatation (B). A check angiogram done at the end of the procedure reveals successful treatment of the stenosis (C).

Brachiocephalic trunk stenosis mimicking giant cell arteritis

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A 64-year-old woman presented with episodes of left facial and body numbness, recurrent right amaurosis fugax, right arm fatigability, and claudication of the tongue and jaw for 6 months duration. Systolic pressure was 55 mm Hg lower in the right arm,

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there was mild left temporal tenderness, and erythrocyte sedimentation rate was 25 mm/hour. Clopidogrel (75 mg/day) and prednisone (60 mg/day) were initiated for possible giant cell arteritis. Bilateral temporal artery biopsies were negative and symptoms continued unabated. Contrast enhanced MRA revealed brachiocephalic trunk stenosis (figure, A). This was successfully treated with a balloon expandable stent (figure, B and C) following which her symptoms completely resolved. There have been few reports describing similar clinical presentations of carotid atherosclerosis.^{1,2}

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