


**PS12 Glavobolja u pacijenta sa sistemskim eritemskim lupusom izazvana gigantocelularnim arteritismom**Paola Negovetić<sup>a</sup>, Ena Parać<sup>b</sup>, Ljiljana Smiljanić Tomičević<sup>c,d</sup><sup>a</sup> Specijalistička ordinacija obiteljske medicine "Ivančica Peček"<sup>b</sup> Klinička bolnica "Sveti Duh"<sup>c</sup> Klinička imunologija i reumatologija, Klinika za unutarnje bolesti, Klinički bolnički centar Zagreb<sup>d</sup> Medicinski fakultet Sveučilišta u ZagrebuDOI: <https://doi.org/10.26800/LV-144-supl6-PS12> Paola Negovetić 0000-0002-2658-5938, Ena Parać 0000-0002-6759-8364, Ljiljana Smiljanić Tomičević 0000-0003-2807-7440

Ključne riječi: gigantocelularni arteritis; glavobolja; sistemski eritemski lupus

**UVOD:** Sistemski eritemski lupus (SLE) je multisistemska autoimuna bolest sa raznim kliničkim simptomima. Gigantocelularni arteritis (GCA) je bolest kod koje dolazi do kronične upale krvnih žila, često u temporalnoj regiji. Prikazujemo slučaj starije pacijentice kojoj je dijagnosticiran SLE, ali zbog GCA ima glavobolje.

**PRIKAZ SLUČAJA:** Bolesnica stara 68 godina primljena je na odjel 2018. godine zbog pojave intenzivnih frontalnih glavobolja sa smetnjama vida i bolovima u oba oka koje su trajale tjedan dana. Upalni parametri bili su povećani. MSCT mozga nije pokazao patološke promjene. Mjesec dana ranije, pacijentici je dijagnosticiran SLE. Glavni simptom SLE-a bio je eritematozni osip na licu u obliku leptira, opća slabost tijekom izlaganja suncu, eritematozne lezije na koži leđa, koljena, dlanova i tabana oba stopala. Pacijent ima pozitivne nalaze ANA i anti-dsDNA i histopatološke nalaze kože koji su u skladu s dijagnozom SLE-a.

Nakon prijema na odjel, započeto je empirijsko liječenje visokim dozama glukokortikoida, što je dovelo do smanjenja simptoma i upalnih parametara. Pacijentu je dijagnosticiran GCA nakon neurološke i oftalmološke obrade uz pomoć Color Doppler ultrazvuka temporalnih arterija, koji je pokazao hipoehogeni promjenu na lijevoj strani.

**ZAKLJUČAK:** GCA je bolest kod koje su rana dijagnoza i liječenje kortikosteroidima ključni za sprječavanje mogućih komplikacija poput trajne sljepoće, osobito kod bolesnika sa SLE-om kod kojih glavobolja može biti simptom njihove primarne bolesti, ali također može biti uzrokovana GCA-om.

**Headache in a patient with systemic lupus erythematosus caused by giant cell arteritis**

Keywords: giant cell arteritis; headache; systemic lupus erythematosus

**INTRODUCTION:** Systemic lupus erythematosus (SLE) is an autoimmune disease with various clinical symptoms. Giant cell arteritis (GCA) is a disease where the lining of the arteries, often in the temporal region, becomes inflamed. This is a case of an older female patient who has been diagnosed with SLE but is experiencing headaches originating from GCA.

**CASE REPORT:** A 68-year-old female patient was admitted to the department in 2018 due to intense frontal headaches with vision disturbances and pain in both eyes, the symptoms lasting for a week. Inflammatory parameters were increased. Brain MSCT showed no pathological changes. A month prior, the patient was diagnosed with SLE. The presenting SLE symptom was a butterfly-shaped rash on the face, general weakness during sun exposure, and erythematous lesions on the skin of the back, knees, palms, and of both feet. The patient had positive ANA and anti-dsDNA findings and histopathological skin findings consistent with SLE.

After admission, empiric treatment with a high dose of glucocorticoids was initiated, which led to a decline in symptoms and inflammatory parameters. The patient was diagnosed with GCA after a neurologic and ophthalmologic workup with the help of a Color Doppler ultrasound of the temporal arteries, which showed a hypoechogenic echo on the left side.

**CONCLUSION:** GCA is a disease where early diagnosis and corticosteroid treatment are crucial for preventing potential complications such as permanent blindness, especially in patients with SLE where headaches may be a symptom of their primary disease but could also be caused by GCA.