DIAGNOSTIC APPROACH AND MANAGEMENT OF A PATIENT WITH NILATERAL PERONEAL NERVE MONONEUROPATHY ON THE BACKGROUND OF GIANT CELL ARTERITIS

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Background

Giant cell arteritis is a chronic inflammatory vasculitis affecting medium and large sized blood vessels, mostly in the cranial arteries emerging from the aortic arch and affects mostly people around 50 years of age. It can be accompanied by rare peripheral nerve damage caused by damage to the vasa nervorum causing low blood supply to the nerves. Our aim is to present a case of bilateral mononeuropathy of the peroneal nerve attributed to giant cell arteritis.

Case report

A 78 year old male presented to the outpatient clinic of our PRM department describing a 3 month history of unilateral lower limb weakness, which started affecting both lower limbs in the last two months. Five months prior a diagnosis of giant cell arteritis had been made which was being treated with high dose prednisone. During clinical examination bilateral drop foot and impaired sensation in the area innervated by the peroneal nerve was observed. Recently performed nerve conduction studies demonstrated spontaneous activity in the tibialis anterior and extensor digitorum brevis muscles bilaterally while there were not signs of polyneuropathy. The patient was prescribed active assisted physical therapy of the lower limbs, range of motion exercises at the ankles and neuromuscular electrical stimulation. The use of plastic ankle-foot orthoses was suggested to be used during ambulation as well as the use of a cane for medium and long distances.

Conclusion

In the case of this patient the bilateral paralysis of the peroneal nerve should be attributed to the preexisting condition of giant cell arteritis, a rarely reported case. Therefore, a paralysis of the peroneal nerve as well as other signs and symptoms regarding the peripheral nerve system should be regarded as a manifestation of giant cell arteritis on older persons with increased erythrocyte sedimentation rate and c reactive protein.

Keywords: Giant cell arteritis, peroneal