My diagnostic Triumph

The Miracle Cure

By Lorena C. Vincent, MD, DPH, MHSc

A 72-year-old non-English speaking man came to my office for the first time, bringing an interpreter with him. He complained of severe headaches which had persisted for one year, and had increased in severity during the last two months. He had seen several doctors and had tried different remedies, but the pain kept worsening. The pain was mainly on the forehead and sides of the head, and worsened at night, becoming pounding in nature. Chewing also hurt. There was no nausea or vomiting and the pain did not increase with straining or bending down. He remembered hitting his head against a door about one year ago. Otherwise his health was good. He had lost his left eye in an accident as a child, had suffered from severe gastritis also during childhood, but now did not have any other complaints other than the severe headache. He was taking acetaminophen for the pain, but it did not help. He was not taking anticoagulants or any other drugs.

Patient Facts

- 72-year-old male with severe headache that had persisted for a year.
- Blood pressure 130/80 mmHg
- CAT scan and temporomandibular joint X-ray normal
- Cervical spine levels and blood and urine tests normal.
- Pain mainly on the forehead and sides of the head.

On examination, he was a healthy-looking 72-year-old male in no distress. His blood pressure was 130/80 mmHg with an apical rate of 80 beats per minute, and regular with no murmurs or bruits. His neurologic exam was essentially normal, with no lateralizing signs and a plantar flexor response (normal Babinski).

The musculoskeletal system was also within normal limits. Because of his age, the history of the head trauma and the two-month worsening of the headache, I ordered cervical spine and temporomandibular X-rays, a computerized axial tomography (CAT) scan of the head and routine blood and urine tests, including an erythrocyte sedimentation rate (ESR). The CAT scan and temporomandibu-

Dr. Vincent is a practitioner in Ontario

lar joint X-rays were normal, the cervical spine showed levels and the blood and urine tests were normal except for an ESR of 47 mm per hour which, at age 72, was not unusual.

When I saw the patient two weeks later the headaches persisted. I searched a little more for other signs and symptoms. As it turned out, he had seen "flashes of light" in his only good eye a few weeks before the first visit, but these had gone away completely. He was holding his right temple and saying, "Here is where it feels as if it is going to explode at night." His wife confirmed the nightly distress and lack of relief obtained by any form of treatment. Palpation of the temporal arteries confirmed tenderness of a firm and tortuous right vessel.

At that point, my diagnostic light went on and I prescribed him prednisone (60 mg daily), on decreasing amounts for two weeks. Referrals to an ophthalmologist and a surgeon were made immediately. A few days after starting prednisone, I heard from friends of the patient of his "miraculous cure." He was finally free from his headache — thanks to the new pills!

His ESR dropped to 34 mm per hour at first and then to 6 mm per hour after two and four weeks of treatment, respectively. The temporal artery biopsy confirmed the diagnosis of giant cell arteritis and he was prescribed prednisone, 10 mg daily, after discussing the case with an internist.

Due to his age and ESR results, this dose was maintained for six months, as no complications arose (*i.e.*, high blood pressure, low potassium, peptic ulcer). After that, 7.5 mg or 5 mg prednisone was given daily for six months, then tapered slowly over another three to four months. Dx

Take home message

- Not every patient "fits the book." The first visit revealed no other systemic signs of the disease.
- The doctor needs to listen to the patient more (i.e., the temporal location and the pounding should have alerted me).
- It is necessary to refer to the etiology of disease classification taught in medical school (*i.e.*, congenital, acquired [i.e., traumatic, inflammatory, infectious, neoplastic]).