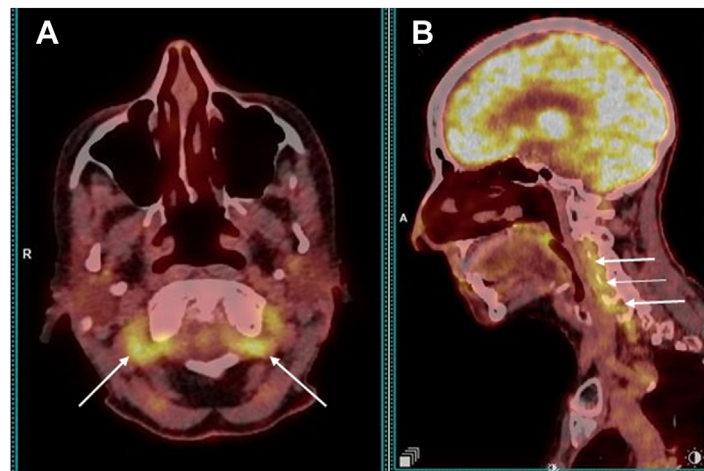


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Pictures & Perspectives



Giant Cell Arteritis Confirmed by 2-[¹⁸F]FDG PET/CT, Missed on Biopsy

A 79-year-old woman presented with 5 weeks of newly onset headache, cutaneous allodynia, transient diplopia, and an unintended 9-pound weight loss. C-reactive protein (CRP) was 32 mg/l (< 10 mg/l). High-dose glucocorticoid treatment was initiated on clinical suspicion of giant cell arteritis (GCA). A left-sided temporal artery biopsy was negative for GCA. 2-[¹⁸F]FDG PET/CT showed inflammation solely in the vertebral arteries (A, axial; B, sagittal, white arrows), supporting the clinical suspicion of GCA. On treatment, symptoms disappeared and CRP normalized. Visualizing the whole artery tree in a single scan, 2-[¹⁸F]FDG PET/CT can support the clinical suspicion of GCA. (Magnified version of Figure A-B is available online at www.aaojournal.org).

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