Teaching NeuroImages: Polymyalgia rheumatica and giant cell arteritis

A 62-year-old woman presented with 4 months of neck, shoulder, and hip pain, morning stiffness, and elevated inflammatory markers compatible with polymyalgia rheumatica (PMR). Cervical spine imaging demonstrated ill-defined enhancement in posterior neck soft tissues (figure 1), consistent with interspinous bursitis. She reported right-sided headache. Brain magnetic resonance angiography demonstrated narrowing of the anterior branch of the right superficial temporal artery (STA; figure 2). Right STA biopsy showed giant cell arteritis. Giant cell arteritis occurs in 16% to 21% of patients with PMR. Color Doppler ultrasound of the left STA obtained while on prednisone therapy showed a hypoechoic halo around the lumen of the artery (arrows), representing wall edema (A). Color Doppler ultrasonography of the normal ipsilateral facial artery is shown for comparison (B).

**AUTHOR CONTRIBUTIONS**

Daniel Ginat: drafting/revising the manuscript, analysis or interpretation of data, accepts responsibility for conduct of research and final approval.

Naina Rastalsky: drafting/revising the manuscript, analysis or interpretation of data, accepts responsibility for conduct of research and final approval, acquisition of data.

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**REFERENCES**


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