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RISK OF LONG-TERM GLUCOCORTICOID THERAPY IN PATIENT WITH GIANT CELL ARTERITIS

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Giant cell arteritis or Horton's disease is the most common form of adult systemic vasculitis which defeat large and medium arteries. High-dose systemic glucocorticoids (GCS) is the basic treatment which is like a double-edged sword-on the one hand it has strong therapeutic activity with rapid positive dynamic, on the other hand it has many side effects such as hyperglycemia, avascular necrosis (AVN), high blood pressure, osteoporosis and infections. The risk of side effects depends on the cumulative dose of GCS and the duration of treatment. Complications risk assessment and prompt management are necessary, especially when the manifestations of these are similar to the underlying disease.

The aim of the study was to present a case of patient with suspicion of exacerbation of systemic giant cell arteritis in whom latter was established the time- and dose dependent side effects of GCS therapy. A 61 y.o. man complains: fever 38.5 °C, right elbow pain, swollen legs, dyspnea on exertion. From medical history is known with giant cell arteritis for 11 years. Undergoing treatment with Methylprednisolone, maximal dose - 24 mg, current dose is 12 mg. In February 2021 was diagnosed with avascular osteonecrosis of left femoral head with performing total arthroplasty (IX, 2021). In July 2021 was treated in septic surgery department because of phlegmon of the right arm. COVID-19 infection denies, was vaccinated. On examination: violet bruises on the arms, oedema, pale skin. Laboratory: RBC-2.87 x 10(12)/l; WBC-17.9 x 10(9)/l; HB-81g/l; CRP-59.4U/L; ESR-75mm/h; Iron-3.25 mmol /l; Potassium-3 mmol /l. Chest Xray: right lung fibrothorax. X-ray of right elbow: narrowed joint space. Fluid test from the elbow: opaque, viscous, WBC-30 v/a, was detected S. aureus. The cumulative dose of GCS was 80g representing the high value.

To exclude infectious endocarditis a blood culture was taken and riched the negative result. According to clinical and laboratory tests was concluded that worsening was determined by septic process in elbow. The reduction of Methylprednisolone to 4 mg, initiation of antibiotics and keeping up treatment in septic trauma department was recommended.

To sum up, patient after 11 years from onset of systemic vasculitis developed avascular necrosis and infection induced by high value of GCS cumulative dose. Early detection and monitoring of side effects is mandatory due to potential toxicity andb cumulative effect of glucocorticoid therapy in older adults.