

Case	(465) Sudden lateral neck pain and crp elevation with prior cancer history
Authors	E. García Santana, M. Vicente Redondo, M. García Gómez-muriel, R. García Latorre, C. Sempere Ortega, J. Martínez San Millán.
Centre	Hu Ramón Y Cajal.

## CASE PRESENTATION

58-year-old woman with disseminated breast cancer and sudden right cervical pain and swelling. Laboratory tests revealed high C-reactive protein levels (128 ng/mL).

Abscess or complicated metastatic lymphadenopathy were suspected. Enhanced neck CT was performed and showed thickened right carotid artery wall and pericarotid fat stranding (yellow arrows) at carotid bifurcation level.

Fat-density crescent plaque can be noted in common carotid artery origin (blue arrow). After five days, the findings can still be seen but less conspicuous. Two weeks later, anatomy was totally normalized, and only a subtle 18FDG uptake was detected (yellow arrow).

## DISCUSSION

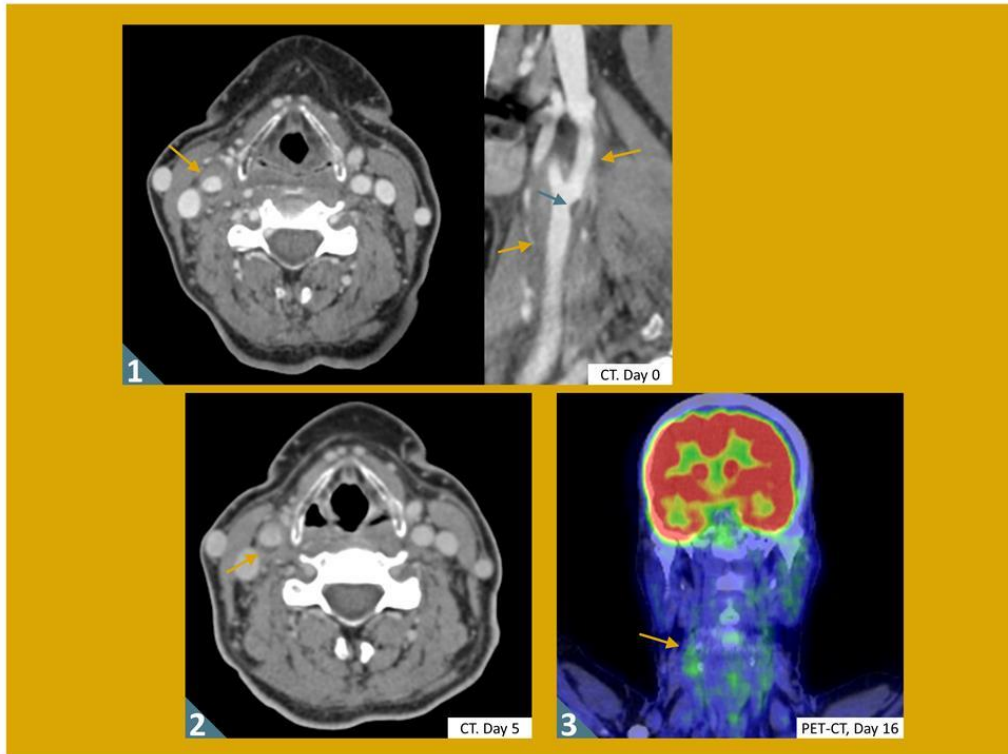
Wall thickening and fat stranding, surrounding an isolated vessel are suggestive findings of vasculitis. Carotid vasculitis (carotiditis) coexists with high CRP, erythrocyte sedimentation rate and D-dimer levels.

Glucose hypermetabolism supports the inflammatory nature of the lesion.

Temple Fay originally described carotidynia in 1927 as an idiopathic neck pain without structural abnormality, but nowadays transient perivascular inflammation of the carotid artery (TIPIC) syndrome is proposed instead of carotidynia because these patients have self-limited elevation of inflammations markers and anatomic evidence of carotid wall involvement. Interestingly, fatty plaque formation and resolution at carotid bifurcation are reported in this entity.

## CONCLUSION

Idiopathic carotiditis, also known as carotidynia or Fay's syndrome, is a rare selflimited entity, conservatively treatable, which may clinically mimic acute severe pathologies.



## BIBLIOGRAPHY

- Lecler A, et al. TIPIC syndrome: beyond the myth of carotidynia, a new distinct unclassified entity. *AJNR*. 2017;38(7):1391-8. Comacchio F, et al. Carotidynia: new aspects of a controversial entity. *Acta Otorhinolaryngol Ital*. 2012;32(4):266-9
- Woo JK, et-al. Resolution of existing intimal plaque in a patient with carotidynia. *AJNR*. 2008;29(4):732-3.