A 67-year-old man presented with a throbbing left temporal headache of worsening intensity over 10 days without visual disturbance. Physical examination disclosed left temporal scalp tenderness and a decreased temporal artery pulse. Neurologic and funduscopic examinations had normal results. Erythro-
white blood cell sedimentation rate was 3 mm/hour, and the C-reactive protein 1.5 mg/dL. Emergent duplex ultrasound disclosed a hypoechoic circumferential thickening (halo sign) around the left superficial temporal artery (STA) lumen (figure, A and C), indicating wall edema. The patient was immediately started on corticosteroids with complete resolution of his symptoms. STA biopsy confirmed giant-cell arteritis (GCA) (figure, E and F).

Ultrasound may contribute to GCA diagnosis by visualizing characteristic findings in the STA wall. A recent meta-analysis reported that the unilateral halo sign achieved an overall sensitivity of 68% and specificity of 91% in biopsy-proven GCA.2

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