Dr. Lance D. Dworkin Department of Medicine Research Symposium

## Are You Waiting For Me To Explode?!" A Case of an Unresolving, Deadly Headache

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**Introduction:** Giant cell arteritis (GCA), or temporal arteritis, is a common vasculitis primarily affecting older adults and characterized by inflammation of medium to large arteries. It frequently presents with temporal headaches and elevated inflammatory markers, with temporal artery biopsy typically revealing transmural inflammation and giant cell infiltration. However, GCA's clinical presentation can overlap with other conditions, including malignancies. This case highlights an unusual presentation of squamous cell carcinoma (SCC) of the scalp mimicking GCA.

**Case Presentation:** A 68-year-old man with a complex medical history, including a prior squamous cell carcinoma of the scalp, presented with a 3-month history of left temporal headache and jaw pain. Initial laboratory tests indicated elevated erythrocyte sedimentation rate (31 mm/h), but other inflammatory markers were normal. Despite the suspicion of GCA, high-dose corticosteroids were initiated. Temporal artery Doppler ultrasound revealed bilateral halo signs, and biopsies were performed. The left temporal artery biopsy surprisingly showed invasive SCC with perineural invasion, while the right biopsy was unremarkable. Further imaging and PET scans confirmed local SCC extension but no metastatic disease.

**Discussion:** GCA typically presents with non-specific symptoms such as headaches, and timely glucocorticoid therapy is crucial to prevent complications like blindness and stroke. However, alternative diagnoses must be considered if steroid treatment fails or biopsy results are negative. This case underscores the importance of differential diagnosis in elderly patients presenting with symptoms suggestive of GCA. SCC, though rare, can present with similar symptoms and should be considered, particularly in patients with a history of skin malignancies. This case contributes to the understanding of GCA mimics and emphasizes the need for comprehensive evaluation when initial treatments do not yield expected results.

Keywords: Giant Cell Arteritis, Squamous Cell Carcinoma