



Methicillin-Resistant Staphylococcus Aureus Septic Temporal Arteritis Secondary to Drug Misuse

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Clinical Image

A 22-year-old male with history of intravenous drug misuse was hospitalized because of fever, left-facial pain and loss of vision. Ischemic changes of the left hemicrania were noted, associated with tenderness over the left temporal area (Figure 1). Patient had peripheral septic emboli (Figure 2). Fundoscopic examination excluded significant ischemic changes. The patient was septic with markedly raised procalcitonin level. Early color Doppler study revealed thrombosis of the left temporal artery with abscess. Computed tomography of the brain was normal. Blood cultures yielded methicillin-resistant *Staphylococcus aureus*. There was no valvular vegetation on transesophageal echocardiography. Intensive medical treatment including antibiotics, incision and drainage, and anticoagulation allowed clinical resolution of sepsis and left-sided loss of vision. Septic temporal arteritis is life-threatening condition that may occur secondary to intravenous drug injection, manifesting with spiking fever, bacteremia and ischemia. High clinical suspicion, prompt clinical and imaging assessment, and early treatment prevent permanent vascular damage.

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Figure 1: Purplish ischemic changes of the left hemicrania with abscess over the left temporal artery area secondary to non-sterile intravenous drug injection in the temporal artery.



Figure 2: Septic embolus to the left second proximal interphalangeal joint.