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Diagnosis of giant cell arteritis: Is temporal artery biopsy essential in all suspected cases?

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The diagnosis of giant cell arteritis (GCA) is clinically based and is confirmed by specific histological findings on temporal artery biopsy (TAB). Ophthalmic surgeons are often called upon to perform a temporal artery biopsy in order to help in making the diagnosis of giant cell arteritis. We aimed to investigate the need for TAB in cases of suspected GCA; hence we performed a retrospective review of all the TABs performed in our department from January 2013 to February 2016. Patients were identified through the hospital in-patient enquiry database and theatre records. Clinical findings, preoperative erythrocyte sedimentation rate and C-reactive protein, steroid treatment preoperatively, American College of Rheumatology (ACR) criteria for GCA score (1990), British Society for Rheumatology Guidelines for GCA (2010), biopsy result, and follow-up were recorded. STAB lengths were obtained from the histopathology reports. There was a total of 52 TABs performed. The mean age at biopsy was 75 years; 62% were female. The vast majority of the patients (80%) were Caucasian. 85% of patients underwent TAB within 2 weeks of initial clinic appointment. Overall, 30 patients were diagnosed with GCA-12 had histological evidence and 18 were diagnosed with GCA despite a negative biopsy. Predictors of an eventual diagnosis of GCA in a multifarious logistic regression analysis were headache ($p<0.001$), jaw claudication ($p=0.008$) and erythrocyte sedimentation rate (ESR) ($p=0.055$). The alternative diagnoses spectrum included ocular migraine, amaurosis fugax and shingles. 45% of patients developed visual disturbances and 7% loss of vision was documented in our study versus the 20% documented in databases and recent bibliography. The STAB mean length was 15.0 mm. We concluded that 36% patients with negative TAB were still diagnosed as GCA and steroids were continued as per protocol. Positive biopsy has indeed a specificity of 100% and is by definition the gold standard of diagnosis of temporal arteritis. However, in clinical practice, careful clinical evaluation is of paramount importance and may be the most accurate diagnostic technique.

Biography

Charikleia Papandreou is a Trust Specialty Trainee in Ophthalmology in East and North Herdfordshire NHS Trust, UK. She has completed her training as a Foundation Doctor in Accident and Emergency and General Surgery as well as a Core Trainee Doctor in Cardiothoracic Surgery in London. She has completed her Master's degree from University of Charles Bernard in Lyon, France and graduated from the Faculty of Medicine of the National and Kapodistrian University of Athens, Greece in 2011. She has 200 CME credits from courses and seminars in which she attended and actively participated.

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