PP6. OUTCOMES OF PATIENTS UNDERGOING TEMPORAL ARTERY BIOPSY OF LESS THAN 1 CM LENGTH FOR SUSPECTED GIANT CELL ARTERITIS

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Background: The cornerstone of diagnosis in giant cell arteritis (GCA) is temporal artery biopsy (TAB). The conventional wisdom is that long length biopsies be obtained but no consensus exists on optimum length of biopsy.

Objective: To examine the relationship between TAB length and 1 year outcomes in patients with suspected GCA.

Methods: Clinical data was abstracted from the medical record on all patients undergoing TAB from 1994-2003. Data collected included age, gender, race, length of biopsy, histopathologic findings and outcomes including visual loss, stroke, myocardial infarction, polymyalgia rheumatica and death at 1 year. GCA diagnosis at 1 year was defined on clinical grounds or positive biopsy. False negative rate was defined as a negative biopsy but GCA at 1 year due to a repeat positive biopsy or clinical grounds.

Results: 200 patients with TAB had complete follow-up data. The mean age was 69.6 ± 11.0 years and 166/200 (83.3%) were females. The TAB length ranged from 0.1–2.4 cm, with a mean of 0.73 ± 0.31 cm. 146/200 (73%) had a negative biopsy and 54/200 (27%) had a positive biopsy. There was no significant difference in mean biopsy length between patients with a positive (0.80 ± 0.29) and negative biopsy (0.71 ± 0.32, p = 0.0999). 2/143 (1.4%) patients had a false negative biopsy. Their TAB lengths were 0.6cm and 0.7cm, which approximated the mean length for the group. Taking a <1 cm biopsy resulted in no adverse clinical events.

Conclusion: Our study suggests that TAB length of <1 cm has good sensitivity, is safe and associated with no untoward events.

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PP7. QUALITY OF LIFE IN GCA AND PMR PATIENTS UNDER STEROIDS: THE PROSPECTIVE, MULTICENTRIC GRACG STUDY

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Background: Our objective was to assess the subjective feelings of the GCA/PMR patients, whose quality of life has been rarely studied.

Methods: One hundred and ninety seven patients of the GRACG cohort were asked to describe their actual experience of the disease and/or the treatment on plain paper. Based on their answers, a structured questionnaire was built, and sent to the 382 living patients of the cohort.

Results: One hundred and ninety seven patients answered (131 females and 66 males). Among them, 15.75% of females and 8% of males reported important gain weight, but two thirds found the steroid-related diet easy to follow with no significant disturbance of taste, meal preparation or social relations. Women reported more sleep disturbances than men (39.4% vs. 16.7%, p = 0.04), and were more often anxious (21.4% vs. 7.8%, p = 0.003). Cutaneous symptoms mainly included hematomas (in 35% of female, and 21% of male patients), facial swelling (20.9%, and 9.5%), dry skin (32.2%, and 9.7%), and keratoderma (27.6 %, and 14.3%). Half of the patients complained about walking difficulties, and 62.7 of female patients, vs. 43.5 of males, of cataract. Pain was improved in only 75% of the patients. However, overall satisfaction degree was ‘very high’ for 78% of female, and 90.3% of male patients.

Conclusion: The causes of persisting pain, reported by 25% of the patients, need to be further explored (sequellas ? osteoarthritis ? osteoporosis ? ). Cataract is an important issue, and walking difficulties need to be better addressed.

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PP8. GIANT CELL ARTERITIS AND POLYMYALGIA RHEUMATICA: DIAGNOSTIC ERRORS REVEALED BY A LONG TERM PROSPECTIVE FOLLOW UP – THE GRACG MULTICENTRIC STUDY

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Background: Our goal was to assess in a multicenter, prospective cohort study with diagnosis revision during follow-up, the rate of false positive diagnosis, the differential diagnoses and the potential predictive factors of diagnostic errors in GCA and/or PMR patients.

Methods: Fifty hundred and fifty eight patients have been included at the time of diagnosis between 1991 and 2003 (203 ‘pure’ GCA, 161 ‘pure’ PMR, 194 patients with both GCA and PMR). All GCA patients fulfilled the ACR criteria, and all PMR patients, the Bird criteria. All temporal artery biopsies have been reviewed by a referent pathologist. On a five-year follow-up, 21 diagnoses have been corrected (3.8%): 2 biopsy proven GCA, 7 negative biopsy GCA, and 12 PMR. All patients responded to steroid therapy at the onset of the disease.

Results: In these 21 patients, diagnoses finally performed were: rheumatoid arthritis: 5; cancer: 4; osteoarthritis: 3; spondylarthropathy: 2; Osler endocarditis: 1; polymyositis: 1; Wegener’s disease: 1; bilateral glaucoma with blindness: 1; chondrocalcinosis: 1; undetermined: 2.

The new diagnosis was made for 10 of them, after the 24th month of follow-up. Initial biological features (ESR, CRP, platelets, hemoglobin, leucocytes, fibrinogen) were similar in patients with corrected diagnosis. Cortico-resistance at 20 mg of predisolone during dose tapering at 12 months of follow-up was the best predictive factor of false diagnosis (OR: 19.2: 95% CI : 4.27–83.3, p = 0.002). Both clinical and biological relapse rates were similar in patients with maintained, and corrected, diagnosis.
Conclusion: The rate of false diagnosis is probably underestimated in steroid-respondent patients with PMR and/or negative biopsy. However, occurrence of steroid resistance should lead to diagnosis revision.

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PP9. LATROGENIC COMPLICATIONS IN GIANT CELL ARTERITIS AND POLYMYALGIA RHEUMATICA: A MULTICENTER, PROSPECTIVE DOUBLE COHORT STUDY

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Background: Iatrogenic complications of steroids are of particular concern in the elderly. We assessed in a prospective, double cohort study their relative risks in giant cell arteritis (GCA) and polymyalgia rheumatica (PMR) patients compared with population based, age- and sex-matched controls.

Methods: 440 GCA and PMR patients were included at the time of diagnosis, along with 290 randomly selected controls (mean age: 74 ± 8 years). All GCA patients fulfilled the ACR classification criteria. Cases and controls were followed up every six months on a 5-year period with a questionnaire sent to the referent physician and/or the general practitioner, recording adverse effects (including severe infections leading to hospitalization and sigmoid ulcers) and death. Cumulative incidences have been measured over the 12 6-month periods, and Mantel-Haenszel odds ratio and sigmoid ulcer and death. Cumulative incidences have been measured over the 12 6-month periods, and Mantel-Haenszel relative risks with Greenland-Robins 95% confidence, computed.

Results: Results are given in table below.

<table>
<thead>
<tr>
<th>Side-Effect</th>
<th>Relative Risk</th>
<th>95% Confidence interval</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>1.59</td>
<td>1.46-1.68</td>
<td>&lt;1.10-8</td>
</tr>
<tr>
<td>Cushingoid face</td>
<td>1.86</td>
<td>1.80-1.91</td>
<td>&lt;1.10-8</td>
</tr>
<tr>
<td>Bone fracture (all types)</td>
<td>1.42</td>
<td>1.26-1.59</td>
<td>0.00004</td>
</tr>
<tr>
<td>Vertebral fracture</td>
<td>1.76</td>
<td>1.68-1.85</td>
<td>&lt;1.10-8</td>
</tr>
<tr>
<td>Hip fracture</td>
<td>1.85</td>
<td>1.80-1.91</td>
<td>0.00004</td>
</tr>
<tr>
<td>Gastric hemorrhage</td>
<td>1.46</td>
<td>1.24-1.73</td>
<td>0.01</td>
</tr>
<tr>
<td>Hypertension</td>
<td>1.47</td>
<td>1.37-1.58</td>
<td>&lt;1.10-8</td>
</tr>
<tr>
<td>Severe infections</td>
<td>1.52</td>
<td>1.41-1.63</td>
<td>&lt;1.10-8</td>
</tr>
<tr>
<td>Osteonecrosis</td>
<td>1.93</td>
<td>1.87-1.99</td>
<td>2.10-7</td>
</tr>
<tr>
<td>Weight gain &gt;10%</td>
<td>1.78</td>
<td>1.72-1.84</td>
<td>&lt;1.10-8</td>
</tr>
<tr>
<td>Gut ulcer</td>
<td>1.62</td>
<td>1.44-1.84</td>
<td>0.001</td>
</tr>
<tr>
<td>Death</td>
<td>1.07</td>
<td>0.93-1.22</td>
<td>0.43</td>
</tr>
</tbody>
</table>

Conclusion: Although all incidences of steroid-related iatrogenic complications are significantly increased in patients compared to controls, the relative risks usually do not exceed 2. The cumulative incidence rates usually do not exceed 5%, except for weight gain and cushingoid face. The death rates are quite similar in cases and controls. The tolerance of long-term, tapered steroids in the elderly may be better than previously thought for GCA/PMR patients.

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PP10. CHARACTERISTICS OF GIANT CELL ARTERITIS IN LATIN AMERICAN PATIENTS

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Objective: Description of clinical, laboratory and histopathological features of a population of Latin American patients with giant cell arteritis (GCA).

Methods: Retrospective data review (1989–2004). Comparisons are made with cohorts in Europe and USA.

Results: 14 patients with GCA were identified. Two were excluded due to insufficient data. Of the remaining 12 patients, 10 were women and 2 men. All were Mexican mestizos, except one whose father was Italian. Diagnosis was made at a mean of 16.5 ± 17.5 weeks from symptoms onset. Mean age at diagnosis: 73 ± 9 years. Most frequent presenting symptoms: headache (41%), fever and amaurosis fugax (25%); only one patient had polymyalgia rheumatica (PMR) as onset syndrome. In the course of the disease headache (83%), malaise and fever (58%) were the most frequent symptoms, followed by scalp tenderness, visual loss and PMR (50%): Upper limb claudication and fever of unknown origin were the less frequent. High erythrocyte sedimentation rate (ESR) was present in 83%, mean haemoglobin: 12.5 ± 1.8 g/dL, platelets 411,400 ± 207,500/μL, and in all 3 cases where C-reactive protein was measured, the value was high. In 9 cases, temporal artery biopsy was done. Four had characteristic findings, one had mild inflammatory infiltrate, one was inadequate for diagnosis and 3 were normal. No patient had bilateral biopsy. ACR criteria were fulfilled in all (at least 3; five patients had 4 criteria). Response to prednisone (mean dose 50 mg qd) was observed in all with improvement in a mean of 2.5 weeks. Three patients received IV methylprednisolone due to amaurosis fugax. Two patients had relapse possibly related to rapid steroid tapering. Additional treatment was methotrexate, azathioprine and cyclophosphamide (n = 2 for each). Median follow-up: 24 months (1–120).

Discussion: Although small, our series (the first known to be reported from a Latin American country in a Mestizo population), shows a higher frequency of fever and amaurosis fugax and less frequent PMR at onset in comparison to others, as well as during the course of the disease. High ESR was less and leukocytosis more frequent when compared with other series. Bilateral temporal artery biopsy was never done. This needs modification, especially as we had a high frequency of normal or unspecific results with no complications of the procedure. A good response to steroid treatment was observed.

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PP11. ATYPICAL PRESENTATIONS OF GIANT CELL ARTERITIS – A DISTRICT GENERAL HOSPITAL PERSPECTIVE

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Background: Diagnosis of giant cell arteritis (GCA) may be delayed when presentation is atypical. We describe three cases, which highlight the diversity of clinical features.