153 AUDIT OF TEMPORAL ARTERY BIOPSY

Dimitrios Christidis1, Petko Genchev2, George Kousparos3 and Mark Lloyd4
1Rheumatology, Frimley Health, Frimley Park Hospital, UNITED KINGDOM, 2Pharmacy, Frimley Health, Frimley Park Hospital, UNITED KINGDOM, 3Pathology, Frimley Health, Frimley Park Hospital, UNITED KINGDOM

Background: Despite its limitations temporal artery biopsy (TAB) remains the gold standard for diagnosing giant cell arteritis (GCA). According to the British Society of Rheumatology (BSR) guidelines it should be consider whenever a diagnosis of GCA is suspected. The biopsy should be performed ideally within one week of starting glucocorticoids and biopsy specimens should be at least 1cm in length and performed by a local dedicated surgical unit with experience in the procedure.

Methods: Retrospective analysis of all patients undergone temporal artery biopsy at Frimley Park Hospital between October 2011 and October 2016. A review of electronic records and histopathology reports of TAB was performed. Correlation analysis between specimen length, preoperative glucocorticoid treatment, inflammatory markers and the GCA TAB positive and GCA TAB negative patients was also performed.

Results: A total of 297 patients underwent TAB. The average age was 70 years old (range 23 to 94). 64% were female and 38% were male. The biopsies were performed by three different surgical departments (Ophthalmology 50%, Vascular surgeons 37%, ENT 3% and for 10% there were no data). Forty-nine patients had a positive biopsy (16%), sixty-eight patients had a negative biopsy but due to high clinical suspicion continue to be treated as GCA TAB negative, eight biopsies were inconclusive and nine specimens were incorrect samples. The average length of the specimens was 14.3 mm (minimal 4.5 mm to a max of 90mm). There was no correlation between specimen length and positive biopsy (correlation coefficient 0.2). No correlation between inflammatory markers such as CRP and ESR and biopsy result (0.13 and 0.25 respectively). No correlation between preoperative prednisolone and TAB result in our sample (correlation coefficient -0.268).

Conclusion: This large study was of TABS give a useful insight into both community and hospital management of GCA. Only sixteen percent of the biopsies were positive, this may reflect multiple factors such as the nature of disease, the presence of skip lesions, and pre-treatment steroids. Biopsy length may be a factor but didn’t appear in our cohort. Better diagnostic tests and streamline pathways are needed to assist clinicians in the management of this medical condition.

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