A VISION OF THE CHARACTERISTICS AND AN ATYPICAL PRESENTATION OF GIANT CELL ARTERITIS WITH SCALP LUMPS: A CASE REPORT

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Background: Giant cell arteritis (GCA) also referred as temporal arteritis is a systemic inflammatory vasculitis of unknown etiology which can result in wide range of systemic, neurologic and ophthalmic complications. It predominantly occurs in older people and may be associated with Polymyalgia Rheumatica. It must be treated urgently as it is associated with significant risk of permanent visual loss, stroke, aneurysm and possible death.

Methods: 70 years old lady presented with multiple painful scalp lumps to the surgeon was referred to the Rheumatologist when the excision biopsy of the lump diagnosed the GCA. (Sub cutis medium sized artery with severe arteritis composed with lymphocytes, neutrophils and occasional Eosinophils). On enquiry she revealed a history of generalized malaise and lethargy at the outset of the illness preceded by jaw pain. She had been initially referred to the dental surgeon which resulted in the physician’s assessment. She was soon started on high dose prednisolone with low dose PLT 283. Her ANA, liver and renal profiles were normal. Her BL Doppler ultrasound showed multiple scalp lumps as an unusual presentation of GCA.

Results: The study cohort included 29,576 patients with GCA. 18,568 women (62.8%) women, and the mean age was 80 ± 8 years. The number of hospital admissions with this diagnostic has increased between 2008 and 2019. The presence of comorbidities is high and greater in men. An increase in deaths for ischemic cause and a reduction of mortality in patients with PMR associated is observed.

Disclosure of Interests: None declared

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Table 1. Comorbidities and mortality in hospitalized with ACG

<table>
<thead>
<tr>
<th>Comorbidities</th>
<th>Men</th>
<th>N</th>
<th>%</th>
<th>N</th>
<th>%</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>DM2 *</td>
<td>2948</td>
<td>26.8%</td>
<td>4669</td>
<td>25.1%</td>
<td>7617</td>
<td>25.8%</td>
<td></td>
</tr>
<tr>
<td>PMR *</td>
<td>1474</td>
<td>13.4%</td>
<td>2715</td>
<td>14.6%</td>
<td>4189</td>
<td>14.2%</td>
<td></td>
</tr>
<tr>
<td>ICC *</td>
<td>1298</td>
<td>11.8%</td>
<td>2854</td>
<td>15.4%</td>
<td>4152</td>
<td>14%</td>
<td></td>
</tr>
</tbody>
</table>

*Statistically significant differences (P < 0.05) DM2: Diabetes mellitus Type 2 PMR: Polymyalgia rheumatica ICC: Congestive heart failure HIC: ischemic heart disease ECV: Cerebrovascular disease CCI: Charlson Index of Comorbidities

Conclusion: In recent years the number of GCA hospital admissions has increased. The presence of comorbidities is high and greater in men. An increase in deaths for ischemic cause and a reduction of mortality in patients with PMR associated is observed.

Disclosure of Interests: None declared