Table 1. Comparison of data of patients with and without CNS involvement

	CNS Involvement (+)	CNS Involvement (-)	P
n (%)	n:24	n:370	
Gender			0.396
Female	8(33.3)	164(44.3)	
Male	16(66.7)	206(55.7)	
Oral Aphthous Ulcer	22(91.7)	357(96.5)	0.230
Genital Ulcer	17(70.8)	239(64.6)	0.661
Papulopustular lesion	9(37.5)	120(32.4)	0.655
Erythema Nodosum	11(45.8)	139(37.6)	0.516
Pathergy	11(45.8)	174(47)	0.988
Uveitis	9(37.5)	129(34.9)	0.827
Retinal Vasculitis	1(4.2)	10(2.7)	0.504
Arthritis	3(12.5)	95(25.7)	0.221
Deep Venous Involvement	6(25)	59(15.9)	0.256
Artery Occlusion	1(4.2)	8(2.2)	0.436
Arterial Aneurysm	1(4.2)	14(3.8)	1
GIS involvement	2(8.3)	15(4.1)	0.277
Cardiac involvement	2(8.3)	4(1.1)	0.046

Conclusion: It has been reported that neurological symptoms occur in an average of 2.5 to 6.5 years after the diagnosis of BD. On the other hand, it has been stated that neurological complications may be the first involvement in 3-33% of the cases and this situation will cause diagnostic difficulties¹. These data are consistent with our study.

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AB0360

A DECADE OF SUSPECTED GIANT CELL ARTERITIS: CLINICAL FEATURES OF A HIGHLY HETEROGENEOUS DISEASE

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Background: Giant cell arteritis is the most common chronic systemic vasculitis in older adults. Permanent visual loss is the most concerning complication can occur in up to 20% of patients (1). Diagnosis is based on a combination of clinical findings, laboratory evidence of inflammatory markers, and temporal artery biopsy (TAB) confirming histologic evidence of inflammation. There are no definitive markers of the disease when TAB is negative.

Objectives: The objective of this study was to illustrate the clinical features of subjects suspected with GCA evaluated at the Dallas Veterans Affairs Medical Center (VAMC) and identify those features that would differentiate between TAB positive GCA, TAB negative GCA and non-GCA patients.

Methods: This retrospective study searched the Dallas VAMC database for subjects between January of 2010 until December 2019 with ICD-9 and ICD-10 entry code for GCA. Based on the 1990 ACR clinical classification criteria for GCA, suspected patients were classified as TAB positive GCA, TAB negative GCA and non-GCA. Subjects with incomplete data needed for classification were excluded. Group comparisons were performed with Fisher's exact test for categorical variables and the Mann-Whitney test for continuous variables.

Results: One-hundred and sixty-nine subjects had ICD-9/10 entry code for GCA. Ophthalmology was the specialty who did the initial evaluation in 46% of the

suspected cases. Seventy-one patients were excluded due to incomplete data. Of the remaining 98 patients, 42 (42.9%) were diagnosed with GCA out of which 10 patients had a positive TAB. Seventy-six percent of patients diagnosed with GCA had negative temporal artery biopsies. In 56 (57.1%) patients GCA was ruled out (Figure 1). New-onset headache was the predominant symptom suggestive of GCA affecting 88.9% TAB positive and 100% of TAB negative cases compared to 56.6% of non-GCA patients ($p < 0.001$), followed by scalp tenderness in 33.3%, 58.1% and 10.9%, respectively ($p < 0.001$), jaw claudication in 57.1%, 34.5% and 14.9% ($p = 0.021$), and elevated sedimentation rate in 33%, 65.6% and 33% ($p = 0.013$) (Table 1). Polymyalgia rheumatica was present in 28.6% and 21.7% of patients diagnosed with GCA compared to zero percent in non-GCA cases ($p = 0.017$). More than 30% of patients with GCA had normal acute phase reactants in this cohort.

Table 1. Comparison of demographics and clinical features of patients with suspected GCA

	GCA TAB Positive (n=10)		GCA - TAB Negative (n=32)		non-GCA (n=56)		
	n	%	n	%	n	%	p
Age (mean/sd)	71.3 (7.8)		67.3 (8.1)		67.3 (8.9)		0.367
Male	9	90	30/32	93.8	51/56	91.1	0.885
Clinical findings							
New onset headache	8/9	88.9	32/32	100	30/53	56.6	<0.001
Visual symptoms	9/10	90	22/32	68.8	42/54	77.8	0.351
Jaw claudication	4/7	57.1	10/29	34.5	7/47	14.9	0.021
PMR	2/7	28.6	5/23	21.7	0/30	0	0.017
Scalp tenderness	2/6	33.3	18/31	58.1	5/46	10.9	<0.001
Fever	0/5	0	5/23	21.7	2/35	5.7	0.117
ESR > 50	1/3	33.3	21/32	65.6	18/54	33.3	0.013
CRP > 10	1/3	33.3	5/30	16.7	6/54	11.1	0.473
Anemia (hemoglobin < 12 g/ dl)	2/7	28.6	15/32	46.9	21/52	40.4	0.642
Thrombocytosis (platelets >400)	2/7	28.6	3/32	9.4	4/51	7.8	0.228

Conclusion: There is clinical heterogeneity within the patients diagnosed with GCA regardless of TAB. A high index of clinical suspicion needs to be the cornerstone of diagnosis. There is need for new classification criteria to include patients with negative TAB.

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