AB0381

VALIDATING DRAFT DCVAS CRITERIA IN A SINGLE CENTER GCA COHORT IN SOUTHERN NORWAY

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Background: Giant cell arteritis (GCA) is the most common medium- and large vessel vasculitis in the elderly population. The diagnostic algorithm has changed in recent years in many institutions from temporal artery biopsy (TAB) to imaging based diagnosis (1). However, classification criteria that relied on TAB remained unchanged since 1990 (2). Reflecting the recent change in practice the Diagnostic and Classification Criteria for Vasculitis Study (DCVAS) group presented a draft classification criteria set for GCA. Endorsement by major scientific societies is currently pending (3).

Objectives: To test the accordance of the GCA cohort of a single center in southern Norway between 2006 and 2018 to the draft DCVAS classification criteria in GCA.

Methods: All patients diagnosed with GCA between 2006 and 2018 in our clinic were identified by international classification of disease (ICD) code for GCA (m31.5/m31.6) in the local electronic database. The draft DCVAS classification criteria were applied to all patients at the time of diagnosis, irrespective of the algorithm used to diagnose GCA. In the draft DCVAS classification criteria a score of 6 would be necessary to classify a patient as having GCA.

Results: A total of 77 patients (55 female) diagnosed with GCA in the defined timespan were identified. Mean age was 69.2 years (57 – 83 years). As all patients were diagnosed with vasculitis and were older than 40 years of age, all patients met the compulsory criteria. The table 1 below shows the absolute number of patients that fulfilled the single criteria.

The number of patients fulfilling the draft DCVAS classification criteria was 75 (97.4%). In the female cohort 96.4% patients finally diagnosed with GCA would be classified as having GCA as would 100% in the male cohort.

Mean score was 12.4 (range 3-25). In 33.3 % of patients imaging was critical for classification. Laboratory findings were critical for classification in 9.3 %, head ache and scalp tenderness in 5.3%, temporal artery biopsy, morning stiffness and jaw claudication in 2.7%. The differentiation in possible and definite vasculitis in TAB did not change the result in any patient. Neither did sight-loss contribute to classify any patient. Five patients (6.5%) were diagnosed on clinical features and laboratory findings alone. Thirteen patients diagnosed with GCA and fulfilling DCVAS criteria had negative biopsies, three patients had an inconclusive TAB. Mean arterial biopsy length was 9 mm.

Table 1.

Draft DCVAS classification criteria	Absolute number
Age>40 years and vasculitis diagnosis (compulsatory)	77
New temporal headache	48
Scalp tenderness	21
Sudden visual loss	2
Morning stiffness shoulder/neck	34
Jaw claudication	22
ESR > 50 mm/h or CRP > 10 mg/l	72
TAB showing possible vasculitis	8
TAB showing definite vasculitis	16
Halo sign	61
Bilateral axillary involvement	25
PET showing aortitis	4

Conclusion: A high percentage (97.4 %) of the patients diagnosed with GCA in our cohort fulfilled the draft DCVAS classification criteria. The high mean score (12.4) showed that DCVAS criteria did not depend heavily on single criteria. As diagnosis in our cohort was mainly based on ultrasound, imaging was the most critical item. This might be desirable as clinical features and laboratory markers should in general be confirmed by either imaging or TAB to ascertain diagnosis. However, five patients were solely diagnosed on clinical features and laboratory markers. Sight-loss did not contribute to classification in our cohort as most

patients were seen in a fast-track clinic (FTC), but might be valuable in cohorts without FTC.

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AB0382

DOES THE ULTRASOUND IMAGE OF THE LARGE VESSEL WALLS DIFFER IN THE SUBTYPES OF GCA AND PMR OR THERE IS A SYSTEMIC SUBCLINICAL COMMON INFLAMMATION?

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Background: Several clinical patterns of giant cell arteritis (GCA) have been described including cranial GCA (c-GCA), large vessel GCA (LV-GCA), mixed forms of c-GCA and LV-GCA (mixed-GCA), and even polymyalgia rheumatica (PMR) that has been associated with GCA and some degree of subclinical vascular inflammation could be present in the patients. However, many questions about this disease and its subtypes remain unanswered.

Objectives: To investigate the affectation of the arterial wall of GCA and its subtypes and PMR and to know if there really are different ultrasound patterns that can be determined or if otherwise they present a common subclinical systemic inflammation with only different degrees of involvement of the vascular wall.

Methods: All available ultrasound examinations of patients referred to our fast-track GCA clinic for suspected GCA in the last three years were reviewed and retrospectively collected data. Patients who had undergone ultrasound examination of both cranial and large vessels (axillary, subclavian and carotid arteries) were included. The videos and images of the large vessels of each patient were reviewed and intima-media thickness (IMT) and hypoechoic halo measurements were taken. The data of the following groups, established according to the final diagnosis confirmed by the doctor after a follow-up between six months and three years, were compared: GCA group (within it 3 other groups were included: c-GCA, LV-GCA and mixed-GCA), PMR group and the group without ACG or PMR (non-GCA).

Results: We analyzed the examinations of 300 patients and 161 baseline examinations were included: 76 with GCA (32 c-GCA, 14 LV-GCA and 30 mixed-GCA), 29 with PMR and 56 non-GCA. The mean IMT for each large vessel explored and the statistical significance between the different groups

Table 1. Ultrasound IMT and halo measures in the different subtypes of GCA, PMR and controls

	Non-GCA n=56	GCA n=76	c-GCA n=32	LV-GCA n=14	Mixed-GCA n=30	PMR n=29	p < 0.05
Arteries							
Right axillary (mean ± SD)	0.67±0.19	0.95±0.30	0.75±0.20	1.03±0.33	1.11±0.27	0.65±0.13	2*, 3*, 4*, 5*, 6, 7*, 8*
Left axillary (mean ± SD)	0.61±0.12	0.92±0.29	0.77±0.19	0.99±0.25	1.03±0.33	0.66±0.13	1*, 2*, 3*, 4, 5*, 6, 7*, 8*
Right subclavian (mean ± SD)	0.70±0.15	1.00±0.31	0.79±0.16	1.09±0.36	1.10±0.29	0.70±0.20	2*, 3*, 4*, 5*, 7*, 8*
Left Subclavian (mean ± SD)	0.62±0.14	0.95±0.27	0.76±0.16	1.05±0.25	1.06±0.26	0.64±0.18	1*, 2*, 3*, 4*, 5*, 7*, 8*
Right CCD (mean ± SD)	0.79±0.22	0.97±0.26	0.99±0.22	0.91±0.29	1.05±0.28	0.81±0.10	1*, 3*, 6*, 8*
Left CCD (mean ± SD)	0.81±0.16	0.99±0.22	0.95±0.20	0.97±0.17	1.03±0.27	0.82±0.20	1, 2, 3*, 8

SD: Standard deviation; CCD: common distal carotid artery. 1=c-GCA vs non-GCA; 2=LV-GCA vs non-GCA; 3=mixed-GCA vs non-GCA; 4=c-GCA vs LV-GCA; 5=c-GCA vs mixed-GCA; 6=PMR vs c-GCA; 7=PMR vs LV-GCA; 8=PMR vs mixed-GCA; *p < 0.01.