

Response to: 'Increased rather than decreased incidence of giant-cell arteritis during the COVID-19 pandemic' by Lecler *et al*

We appreciate the correspondence from Lecler *et al*¹ in response to our paper highlighting the impact of the COVID-19 epidemic on the delayed diagnosis of giant cell arteritis (GCA) leading to an increased rate of bilateral blindness.²

The colleagues described their experience with a similar fast-track clinic for the early diagnosis of GCA, reporting an increased incidence of GCA during the lockdown period without an increase in the severity or complications of the disease, nor an increase in referral delay. Interestingly, Lecler *et al* specified that their centre was not a referral centre for COVID-19 and that they never found themselves facing the emergency related to COVID-19. It is therefore conceivable that patients would not delay their request for medical attention at a hospital considered to be 'COVID-free' or at least safer compared with the one we were operating at, despite a regularly active fast-track clinic. It is also possible that some patients were redirected from other hospitals in Paris facing the pandemic emergency to the outpatient clinic managed by the colleagues, thus leading to an increased rate of new diagnoses. Another possible explanation for the different results is that the authors did not specify the period of their analysis, but the scale of the pandemic and the lockdown timing were slightly shifted in other European countries compared with Italy, especially the Lombardy region, which was the very first epicentre of the crisis in Europe. This can possibly lead to a different impact of the pandemic during corresponding periods. Moreover, after our report, since the beginning of May, with the gradual reduction of the number of SARS-CoV-2 burden in our area, we are assisting to a significant increase in the new referrals for suspected GCA, with a gradual reduction in the diagnostic delay, probably related to the reduced perception of fear in coming to the outpatient clinics experienced by the patients and their primary care doctors. This highlights the fact that our fast-track service is well-recognised on the territory and that there is a slow and gradual return to perceived safety in seeking medical attention for acute or chronic conditions, other than SARS-CoV-2, which will hopefully avoid further indirect burden caused by this pandemic

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Contributors SM and CM contributed equally to the manuscript.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient and public involvement Patients and/or the public were not involved in the design, or conduct, or reporting, or dissemination plans of this research.

Patient consent for publication Not required.

Provenance and peer review Commissioned; internally peer reviewed.

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To cite Monti S, Montecucco C. *Ann Rheum Dis* Epub ahead of print: [please include Day Month Year]. doi:10.1136/annrheumdis-2020-218634

Received 28 July 2020

Revised 10 September 2020

Accepted 11 September 2020



► <http://dx.doi.org/10.1136/annrheumdis-2020-218343>

Ann Rheum Dis 2020;**0**:1. doi:10.1136/annrheumdis-2020-218634

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- 2 Monti S, Delvino P, Bellis E, *et al*. Impact of delayed diagnoses at the time of COVID-19: increased rate of preventable bilateral blindness in giant cell arteritis. *Ann Rheum Dis* 2020:annrheumdis-2020-217915.