

New aspects of Giant-cell arteritis in the 21st Century

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As the most common vasculitis of the elderly with a peak age of onset over 70 years old and female predominance, giant-cell arteritis (GCA) is usually considered a rare disease in Turkey. This is partly true as it only approaches the Caucasian prevalence rates in the Trace (European) region of the country. However, as it is also reported to be one of the major causes of fever of unknown origin (FUO) or inflammation of unknown origin (IUO) in the elderly, we should approach these incidence rates with caution.

The diverse clinical spectrum of GCA, from constitutional symptoms of several months to a recent-onset headache, jaw claudication, carotidynia, or ischemic optic neuropathy leading to acute vision loss (accepted as an ophthalmologic emergency), may deceive the unexperienced physician who may not have seen a single case until that time. The high frequency of GCA in aging populations of Western countries led to 'Fast-Track' Clinics, which aim to see any patient with suspected GCA within 24 hours. Recent guidelines also emphasize the role of these Clinics for the fast diagnosis in suspected cases with Doppler US and temporal biopsy. Although lower incidence rates in Turkey might cause the implementation of this strategy to be somewhat controversial, as clinicians who are best equipped to diagnose GCA, we, a rheumatologist, should increase education programs for the specialties such as Neurology and Ophthalmology who may encounter GCA patients first-line.

In this supplement of 'Acta Medica,' you will read the reviews prepared after the GCA symposium organized in December 2021 by the Vasculitis Center of Hacettepe University, led by Dr. Omer Karadağ. First epidemiology of GCA in Turkey is discussed by Dr. Emre Bilgin. Then clinical features are given by Dr. Fatma Alibaz-Oner with data from the first Turkish GCA Registry, which now follows over 300 patients. Polymyalgia rheumatica co-exists with GCA in up to 40% of the cases in some series and will be presented by Dr. Ediz Dalkılıç. Dr. Sibel Kadayıfçılar and Dr. Figen Bezci as ophthalmologists and Dr. Ayşe İlkşen Colpak as a neurologist will approach GCA from their perspectives. A crucial part of the diagnostic process, histopathology, will be presented by Dr. Ozay Gokoz. Finally, the emerging diagnostic field, radiology, will be discussed for Doppler US by Drs. Mehmet Ruhi Onur and İlkay İdilman, CT and MRI by Selin Ardali and Tuncay Hazırolan and FDG-PET/CT by Murat Tunçel. Dr. Burak İnce and Murat İnanç will summarize the diagnostic and classification criteria, and management will be discussed by Dr. Omer Karadağ and Dr. Gizem Ayan.

I hope you will find this supplement on GCA educational and beneficial for your clinical practice and research activities. I would also like to thank all my co-authors for their efforts in realizing the supplement.

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