

# Giant cell arteritis

Ophthalmology Department

Information for Patients

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## What is giant cell arteritis?

Giant cell arteritis (GCA) is a condition which causes severe inflammation of the inside of blood vessels (arteries) in any part of the body. The arteries of the head, neck and temple area are most often affected, when it may be called temporal arteritis. A few arteries may be affected at the same time.

## Who is affected?

GCA is rare. It affects people over the age of 50. Women are more often affected than men. The cause is not known.

## What are the symptoms?

Common symptoms include:

- severe recent headache, with tenderness over the temples and scalp
- prominence of blood vessels at the temple
- tiredness
- weight loss
- loss of vision or double vision
- pain in your jaw or tongue when chewing
- pain, stiffness or tenderness in the muscles of your shoulders or hips

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## What are the risks?

If diagnosis and treatment with steroids is delayed, risks include:

- blindness in one or both eyes
- other vessels can also become inflamed and blocked. This can result in heart attacks or stroke, although this complication is extremely rare.

## How is GCA diagnosed?

We can diagnose GCA based on your symptoms, a medical examination and blood tests.

Sometimes we do ultrasound scans of the arteries on your scalp and in your armpits. If we are less certain, your doctor may suggest a temporal artery biopsy.

## What is a temporal artery biopsy?

This is an operation to remove a small piece of the artery from the side of your head (temple). We look for signs of swelling within the arterial wall.

The changes found in the arterial wall may be patchy and in up to 60% of GCA cases, the section of artery taken is not affected by the condition even when the disease is present. We try to reduce the chance of not finding signs of GCA by taking a long section of the artery (2 to 3 cm).

If we think there is a strong medical suspicion that you have GCA without confirmed results, your doctor may wish to continue your steroid treatment despite the biopsy being negative.

We do the biopsy under local anaesthetic. You are awake. You can eat and drink as usual before and after the surgery. You should carry on taking your usual medicines.

A doctor will come and speak to you before your operation. They will answer any questions you may have. They will also ask you to sign a consent form.

The doctor will find and mark the position of the blood vessel using a marker pen. This is usually done by touch but in some cases we may use a hand held scanner to confirm the position of the vessel. Sometimes it may be within the hairline. A small area of hair may need to be shaved.

We then inject the local anaesthetic to numb the skin in the area of the artery. This can be the most uncomfortable part of the operation but the anaesthetic works quickly.

During the procedure, you may feel pressure and movement but you should not feel any pain.

You will be lying down during the procedure. A small cut will be made in the skin (2 to 3cm long). This will let us find the vessel and remove part of it for analysis.

We close the skin with dissolvable stitches. A dressing is sprayed on top of the wound to create a waterproof barrier for a few days. The procedure usually takes between 30 to 60 minutes.

## **Are there any risks with the biopsy?**

This is a very safe procedure but carries a small risk of:

- infection, bleeding, bruising
- a small scar is likely but this usually heals well. It is often hidden by the hair
- some numbness of a small part of the skin in the area around the operation can happen, but is uncommon
- weakness of the forehead muscles resulting in drooping of the brow on the side of the operation, but is very rare
- poor blood supply to the scalp causing skin ulceration, but is extremely rare

## **What happens after the biopsy?**

You are normally able to go home shortly after the biopsy. The wound takes about 1 week to heal. You do not need to limit your activities but you need to keep the wound clean and dry for 7 days. You should continue your steroid treatment as directed by your doctor until you are seen in clinic with the biopsy result.

If GCA is suspected, treatment is usually started straight away, even before the biopsy. The main aim is to reduce the risk of serious complications.

## **Treatment with steroids**

Treatment with steroid tablets is very effective. They usually start to work within a day or so. They work by suppressing the immune system to reduce the swelling in the blood vessels. High doses are given at first. Then the dose is slowly reduced as the disease is brought under control. In some people the condition goes away after 2 to 3 years. This means that the steroid treatment can be slowly withdrawn. This should always be done under supervision of a doctor.

However, many people need treatment for a few years, sometimes for life.



Steroid treatment can affect blood pressure and blood sugar level in those with diabetes, so these should be closely monitored.

## What are the risks of taking steroids?

Taking steroids can greatly increase your risk of developing stomach ulcer. Taking a drug (stomach protector) to reduce the production of acid in your stomach is advised.

Thinning of the bones (osteoporosis) can be caused by long term steroid therapy. Taking calcium supplements and other bone protecting medicines may reduce the risk of developing osteoporosis. The doctor (your GP, rheumatology consultant or ophthalmology consultant) who is managing your condition over the long term will advise you on this.

## Important things to look out for after diagnosis

Complications are less likely to occur if treatment is started soon after symptoms begin. However there is a chance that these symptoms may come back as you reduce the steroid dose. **Contact your doctor if:**

- the same headache or temporal tenderness comes back.
- there is any change in your vision.

## Contact details

If you develop any changes to your vision which concern you, call the Ophthalmology Team in the Eye Casualty Department on **0116 258 6273**.

If your headache gets worse, call the Rheumatology Department on **0116 204 7800**.

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