

## Joint Manifestation in Giant Cell Arteritis

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### ABSTRACT

#### Introduction:

Giant cell arteritis (GCA) is a subacute inflammatory panarteritis of segmental and multi-local topography. Osteoarticular manifestations are dominated by rhizomelic pseudo arthritis (RPA). Other joint manifestations are less common. It may be polyarthritis, or oligoarthritis or mono-arthritis affecting large joints.

#### Patients and methods:

This is a retrospective study collecting 31 cases of GCA in the internal medicine department. The diagnosis of GCA was retained according to the criteria of ACR 1990.

#### Results:

The study included thirty patients with GCA over a 10-year period, from January 2004 to March 2014. The mean age of our patients was 68 years  $\pm$  8.5 (range 50-82 years). There were 19 women (63.3%) and 11 men (36.7%).

Joint damage and pain was observed in eighteen patients and inaugural in eight cases (26.6%).

It was RPA in 13 cases (43.3%), with an association with inflammatory knee pain which was noted in 4 cases (13.3%).

The shoulder girdle was affected in all cases, it was associated with pelvic girdle damage in 10 cases. Peripheral joint damage was noted in 5 cases (16.6%); it was an inflammatory polyarthralgia. Large joints were affected in 4 cases and polyarthritis had affected the knees in one case.

PRA was more frequently found in female patients in a statistically significant manner (58% vs 18%,  $p = 0.03$ ).

#### Conclusion:

The clinical symptoms of GCA remain polymorphic. The joint damage remains the most described clinical manifestations of this vasculitis. Treatment is based on oral corticosteroids.