

PATHWAY TO DIAGNOSIS: GIANT CELL ARTERITIS



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SYMPTOMS

- New headache, usually localized to one side
- Scalp and temple pain on same side as headache
- Jaw or tongue pain when talking or chewing
- Sudden vision loss or double vision
- Pain and stiffness of both shoulders and hips
- Fever, weight loss and severe fatigue
- Stroke (variable symptoms)



BLOOD TESTS

- Elevated ESR and/or CRP
- Elevated platelets & white blood cells, and low hemoglobin are also possible

SUSPECT GCA



REFERRAL TO A RHEUMATOLOGIST

Other imaging tests may be requested, including temporal artery ultrasound, CT scan or MRI.



START EMPIRIC TREATMENT

Treatment of GCA is an emergency and is usually started BEFORE the biopsy and any imaging tests are done. This is to prevent severe complications of GCA such as vision loss. It is easier to stop prednisone if the investigations come back normal a couple of weeks later, than to recover vision if it has been lost due to active GCA.



REFERRAL FOR A TEMPORAL ARTERY BIOPSY*

Usually done by an ophthalmologist, general surgeon or plastic surgeon.

DIAGNOSIS CONFIRMED

Continue treatment and monitoring

*A biopsy may not be needed if:

- Suspicion for GCA is **very low** (eg. normal ESR and/or CRP with normal imaging).
- There is **enough evidence** to make the diagnosis already (eg. high ESR and/or CRP with typical symptoms and abnormal imaging).