Diagnosing Giant Cell Arteritis (GCA): Can probability scoring improve our Leeds Teaching Hospital Trust (LTHT) diagnostic pathway?

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Background

Various referral criteria have been proposed for fast-track pathways for GCA diagnosis and/or to select patients for further investigation.

Aim

To assess suitability of using published probability scores in our pathway to prioritise patients with suspected GCA for treatment and further investigation.

Method

A retrospective audit involving 100 consecutive patients with possible GCA presenting from 3/6/2016 to 7/3/2017. Each patient's data was run through three published prediction models: Ing, Gonzalez-Lopez and the Southend probability score. The reference standard was the biopsy result.

Results

43 patients had complete data, of whom 19 were treated as GCA. 14 were biopsy positive. The Gonzalez-Lopez score did not perform well in predicting positive biopsy. The Southend score had 100% sensitivity but only 30% specificity, whereas the Ing scores had 93% sensitivity and 67% specificity.

Conclusion

1. The Southend and Ing scores had high sensitivity making them potentially suitable for use as triage tests, but further data is needed before use in a clinical setting.
2. Only 43/100 patients had all the data recorded to allow comparison of these scores. We suggest structured recording of GCA features in clinic to improve quality of decision-making, and have implemented our own in-house checklist to facilitate this.