

5<sup>th</sup> World Congress on

# Neurology and Therapeutics

March 14-16, 2016 London, UK

## Too much for too little- A retrospective audit on temporal artery biopsies

**Nkemamaka Okonkwo**  
Imperial College London, UK

**Background:** Temporal artery biopsies (TAB) are often performed in suspected cases of sight-threatening arteritis. The results of which often do little to change clinical management. While the American College of Rheumatology (ACR) formed a clinical classification criterion in 1990 for diagnosing GCA to ensure early steroid therapy was commenced, they acknowledge TAB should aim in establishing a definitive diagnosis

**Aims:** The audit aimed to assess if TABs were performed in accordance with the national ACR guideline and whether their results altered course of treatment in suspected GCA.

**Method:** A retrospective audit of all patients undergoing TAB at a single DGH between 2010 and 2014, identified from the histopathology database. Main outcome measures included clinical profile and biochemical criteria associated with positive histology; proportion of negative histology patients who were commenced on steroid therapy; Length of TAB' relationship between ACR score and TAB result

**Results:** Forty TABs were performed (male: female 1:2, mean age=70.23 years). Three (7.5%) biopsies were histologically positive and 37 (92.5%) were negative. One biopsy was non-arterial. 62.5% of Tabs were performed within the recommended one week of suspected diagnosis. Only 46% of TABs were >1cm. Preoperative steroid therapy was commenced in 80% of patients and a negative histology changed management in 32%. 67.5% had sufficient clinical features to classify GCA and not warrant TAB. Histologically positive TAB patients had higher average age, higher ESR, longer biopsy length and shorter time interval between diagnosis and procedure compared to histologically negative TABs.

**Conclusion:** Raised ESR and higher age may be the most useful diagnostic adjunct of GCA. Many histologically negative TAB individuals were nevertheless clinically diagnosed and managed as GCA. Sub-optimal specimen length may be contributing to lack of diagnostic accuracy. Alternative techniques may be warranted in the near future.

### Biography

Nkemamaka Okonkwo is a Junior Doctor embarking on her Core Medical Training (CMT) in NHS England. She completed her Foundation Training in various trusts across London's North East Thames Deanery and Wales Deanery. Prior to this, she led student committee projects in conjunction with the Wales 1000 Lives Campaign and the Institute for Healthcare Improvement (IHI) where she is an accredited leader. She supported and pioneered work on issues related to quality improvement and assurance, patient safety and use of retrospective measurement data, real-time monitoring and patient stories to drive overall healthcare improvement. Nkem obtained her medical degree from Cardiff University, an intercalated BSc from Leicester University and is currently studying for an MSc in International Health Management from Imperial College London, where she chairs the BioPharma and Healthcare society.

[nkemokonkwo20@yahoo.co.uk](mailto:nkemokonkwo20@yahoo.co.uk)

### Notes: