Giant cell arteritis

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TO THE EDITOR: As a practicing internist, I found Dr. Alexandra Villa-Forte's review of giant-cell arteritis (*Cleve Clin J Med* 2011; 78:265–270) both interesting and useful, as usual for the *Cleveland Clinic Journal of Medicine*. However, she did not mention the recommendation by some experts that patients who have had temporal arteritis should receive annual chest x-rays, for a decade or longer, to screen for the development of thoracic aortic aneurysm. Does she agree with this precaution? Is it advisable, in addition, to screen for abdominal aortic aneurysm by means of abdominal ultrasonography? If so, at what time intervals should this be done?

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IN REPLY: We know from autopsy studies that most patients with giant cell arteritis, if not all, develop aortitis at some point during the course of their disease, but we don't know (and no study yet has completely addressed) the following questions:

- What is the most clinically appropriate and cost-effective method of screening?
- How often should we be screening these patients?

Given the high cost of the most accurate and detailed available test, ie, magnetic resonance angiography of the aorta, annual chest radiography has been recommended by some experts in the field.

Although the high frequency of thoracic aneurysm justifies high clinical vigilance, we don't know the most adequate and cost-effective test for screening for aortic aneurysm. Until we have an answer to these questions it is difficult to formulate specific guidelines, and different experts will continue to have different practices that are based on their own experience.

At this time, I carefully listen for bruits and murmurs on physical examination and check the blood pressure in all four extremities during patient follow-up visits. If I detect any abnormalities suggesting pathology of the aorta or major branches, I order magnetic resonance angiography of the entire aorta and its main branches.

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