Raising awareness of temporal arteritis

©Westend61/Getty Images Plus

Dr Barry Kasai, principal dentist and practice owner at Wellington Dental Practice in Wellington, Somerset, wrote to the *BDJ* to publicise the importance of early temporal arteritis diagnosis and treatment.

Wellington Dental Practice had a patient presenting with recent onset headache and some unrelated dental issues. The patient was eventually diagnosed with temporal arteritis and successfully treated with prednisolone.

Dr Kasai said: 'We found that because [temporal arteritis] is a rare condition (2.2 cases per 10,000) and can present concurrently with dental issues, it is very important for our wider colleagues in the country to be made more aware of this possibly devastating disease that can be successfully treated if diagnosed early.

'Early, timely diagnosis is crucial in preventing permanent site loss, strokes, myocardial infarction and death.'

Dr Kasai prepared the following memorandum for in-house training of all the staff at his practice.

Temporal arteritis
Key points

- Temporal arteritis is a form of vasculitis affecting medium and large vessels
- When taking a headache history, make sure to ask about scalp tenderness, temporal headache, jaw claudication and visual loss
- Prompt management with steroids is key to preventing complications such as irreversible vision loss
- An urgent same-day ophthalmology referral is required for patients presenting with visual loss.

The highest specific clinical features include jaw or tongue claudication.

What is claudication?
Claudication is the name for muscle pain that happens when you're active and stops when you rest (it's sometimes called 'intermittent claudication').

The most common types of claudication are:

- **Vascular claudication:** This is usually a symptom of serious blood flow problems, especially peripheral artery disease
- **Neurogenic claudication:** This is caused by problems with your spine and nervous system.

High clinical suspicion includes any one of these three criteria in a patient more than 50 years of age with an elevated Erythrocyte Sedimentation Rate (ESR), or if three or more of the following four criteria are met:

1. New localised headache
2. Temporal artery abnormality
3. Elevated ESR (more than 50 mm per hour)
4. Abnormal temporal artery biopsy (eg necrotising arteritis or multinucleated giant cells).

Diagnosis is often difficult because the disease can present in many different guises.

Although commonly presenting with symptoms that may be confused with local oral or dental issues, giant cell arteritis (GCA) is a rare condition with an annual incidence of 2.2/10,000 in the UK, which may add to the problem of early recognition.[1] In addition, dental practices may have established referral pathways with the maxillofacial surgery department, but not with the ophthalmology or rheumatology departments, further complicating the process of referral to secondary care. We believe that GCA should be a topic in continuing professional development programmes for dental practitioners to assist early diagnosis of this potentially devastating disease.

Differential diagnosis: migraine headache, vascular pain, trigeminal neuralgia, dental problems, temporal arteritis or Horton's disease. It is important, however, not to confuse jaw claudication with temporomandibular joint disorders or other abnormalities of the buccofacial sphere, tension headaches.

In rare cases, this condition, if left untreated, may lead to death, usually because of ischaemic stroke, myocardial infarction or aortic rupture. Digestive ischaemia and gangrene of the extremities are other major complications.

The role of the dentist
Patients who experience pain on chewing typically consult a dentist, believing the problem to be of dental origin. Rapid diagnosis of temporal arteritis can make a real difference in terms of the patient's prognosis, particularly with regard to visual complications. The longer it takes to diagnose the disease, the greater the risk that an ischemic complication will develop.

Dentists should therefore be alert to the possibility of this diagnosis in elderly patients, particularly women, who present with mandibular pain on chewing, especially if there is no relationship between the reported pain and a specific dental problem. The patient should be referred urgently to an ophthalmologist or internist for diagnosis and appropriate treatment with corticosteroids.

References

1. Shenoy R, Mukhtyar C, Eke T. Giant cell arteritis. *Br Dent J* 2021; **230:** 687.

© British Dental Association 2023. © The Author(s) under exclusive licence to British Dental Association 2023.