

CORRESPONDENCE

Giant Cell Arteritis Presenting as PUO – An Earlier Series

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Sir,

We read with interest, the report by Santhanam and Mani, on a patient with Giant cell arteritis presenting as PUO.¹ Though the authors have referred to four other papers from India on the subject of Giant cell arteritis, they appear to have missed out on our series on the same topic.² It is important to document this because there are few case series on giant cell arteritis from our country and our series was one of the earliest.

Besides, and this is more to the point, four of our nine patients presented with PUO, one for as long as for four months. Even in the series by Singh et al, nine of 21 patients presented with fever.³ Thus, the statement that the authors make, "PUO as a presenting manifestation is very rare and may be found in only 15 % of patients" is erroneous.¹ We emphasised the fact that PUO could be an important symptom in patients with Giant cell arteritis not only in the paper, but even in the abstract by stating "Pyrexia is a common presenting feature of the disease; temporal arteritis should be considered in the differential diagnosis of elderly patients with pyrexia of unknown origin. Thus, our paper should have been detected in a MEDLINE search and should ideally have been quoted as well.

References

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3. Singh S, Balakrishnan C, Mangat G, Samant R, Bambani M, Kalke S, Joshi VR. Giant cell arteritis in Mumbai. *J Assoc Physicians India* 2010; 58:372-374.

Reply from Author

Sham Santhanam

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Sir,

Thanks for the communication. We regret for missing out on the wonderful case series¹ by Vankalakunti M et al¹ on Giant cell arteritis and it was not intentional. Or else, we would have definitely cited the article¹ as 4(50%) of the patients had presented with Pyrexia of unknown origin (PUO).

Regarding the discussion on PUO as the presenting manifestation, except for the case series by Vankalakunti M et al¹ others² have just mentioned fever as a clinical manifestation (including Singh et al,³ 9/16 cases had fever). Since there is no mention on fever as the presenting manifestation, it can't be assumed as PUO. Fever as a constitutional symptom presenting along with other symptoms is not the same as PUO. But, still in the previous paragraph the incidence of fever in Indian data has been discussed in our article.⁴

Most of the data are from western literature as it is more common there compared to Asian countries like India. Hence, our citation on PUO being rare as a presenting manifestation (15%) is from western literature⁵⁻⁷ (Kelley's textbook of rheumatology and others).

So, considering the paucity of data on PUO from India (except for one Indian case series of 8), we felt it was more appropriate to cite the western literature.

References

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