

## Increased rather than decreased incidence of giant-cell arteritis during the COVID-19 pandemic

We read with much interest the article entitled “Impact of delayed diagnoses at the time of COVID-19: increased rate of preventable bilateral blindness in giant cell arteritis”,<sup>1</sup> reporting a reduction in the requests for fast-track assessment of giant cell arteritis (GCA) in an Italian centre since the outbreak of the COVID-19 pandemic, as compared with the same time frame in 2019.

Our tertiary centre offers the same type of fast-track GCA pathway. Diagnosis of GCA is made based on clinical presentation of suggestive symptoms, increased C-reactive protein level and typical findings in a temporal artery biopsy and/or typical imaging findings on high-resolution MRI,<sup>2</sup> as recommended by EULAR (European League Against Rheumatism) guidelines.<sup>3</sup>

On the contrary of Monti *et al*'s results, we noted a substantial increased incidence of patients diagnosed with GCA during the COVID-19 pandemic, as compared with those diagnosed during the corresponding period in 2019. Seventeen cases of GCA were diagnosed during the COVID-19 pandemic, as compared with 10 in 2019, corresponding to a 70% increase. There were no demographical, clinical or biological differences between the two groups. Moreover, we did not report an increased rate of preventable blindness in patients with GCA or an increase in the delay of diagnosis as compared with before the COVID-19 pandemic.

Our centre has never been faced with the situation of having to sort through emergencies, thus COVID-19 did not impact our ability to diagnose and manage patients with GCA. This difference might explain this discrepancy with Monti *et al*'s study. As reported by Monti, the COVID-19 pandemic significantly challenged their hospitals surge capacity, which might explain the low detection rate of GCA during the pandemic.

We believe that the COVID-19 pandemic highlighted the need for well-identified fast-track services in order to rule out non-GCA patients, to provide a diagnosis of GCA quickly and to start treatment early. As to this day, early diagnosis of GCA combined with a prompt and appropriate treatment with corticosteroids remain the main leverages to prevent irreversible sight loss.

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