Giant cell arteritis with normal C-reactive protein and risk of ocular complications

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Dear Editor,

We read with interest the article “Systematic review of the literature and a case report informing biopsy-proven giant cell arteritis (GCA) with normal C-reactive protein” by Laria et al. [1]. They mention, quoting an article by López-Díaz et al. [2], that erythrocyte sedimentation rate (ESR) may have prognostic value, with an increased risk of severe ocular complications in patients presenting with an ESR higher than 70 mm/h. Other studies have found that patients who have a weak inflammatory response at presentation can also be at risk of ocular complications. In a study, Salvarani et al. [3] noted that patients with low inflammatory response had a higher risk of visual loss and the only statistically significant predictor for the development of permanent visual loss was the absence of high levels of ESR at diagnosis. Liozon et al. [4] described that two of their six patients with low acute phase serologic response developed permanent blindness from acute ischemic optic neuropathy, which was irreversible in one. In another study, Hernández-Rodríguez et al. [5] reported that patients with GCA without ischemic complications had higher tissue expression and circulating levels of interleukin (IL)-6 than patients with ischemic events. They found that IL-6 stimulated endothelial cell proliferation and induced full angiogenic activity, which might contribute to prevent ischemic events.

Therefore, at present, it is important to note that the influence of the ESR on the risk of visual loss is uncertain.

Disclosures None.

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