1er Congrès Franco-Tunisien de gériatrie
Congrès National de la Société Tunisienne de Gériatrie
3ème Journée de Gériatrie du Sud

HORTON'S DISEASE COMORBIDITIES

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INTRODUCTION: Horton's disease (HD) is a systemic inflammatory vasculitis, usually found in persons over 50 years old. Its neurological and ocular manifestations can be serious and disabling which imposes the systematic search for these attacks as well as the detection of comorbidities.

PATIENTS AND METHODS: This is a retrospective study of 17 cases of HD followed in an Internal Medicine Department. The diagnosis of HD was retained according to the criteria of ACR 1990.

RESULTS:

- We collected over a period of 19 years, from 2000 until 2019, 17 patients with HD.
- Average age = 72 years [53 – 92].
- 13 women (76.4%) and 4 men (23.6%) SR = 0.3.
- Comorbidities are summarized in table 1
- The CHARLSON score of our population ranged between 1 and 6, ie between 96% and 2% probability of survival at 10 years with an average score of 3 (77%).
- Iatrogenic complications related to corticosteroids were noted in 7 cases (41%), with 4 cases (23%) of corticosteroid-induced diabetes, two cases of corticosteroid induced cataract, one case of hypertension.
- These complications consequently increase the CHARLSON score in these patients.

Table 1: HORTON'S DISEASE COMORBIDITIES

Comorbidities	Cases
hypertension	6
Diabetes	2
Dyslipidemia	1
Atrial fibrillation	1
hypothyroidism	1
acute coronary syndrome	1
adrenal incidentaloma	1
Parkinson's disease	1

DISCUSSION AND CONCLUSION:

- Patients with HD have higher rates of selected comorbidities, including severe infections, cardiovascular and cerebrovascular mortality compared with a reference population.
- Several of these comorbidities may be related to treatment with glucocorticosteroids, emphasizing the unmet need to find alternative treatments for HD. [1]
- This should lead to a particular attention to these comorbidities for an optimal and global management of HD patients.

1. Mohammad AJ, Englund M, Turesson C, Tomasson G, Merkel PA. Rate of Comorbidities in Giant Cell Arteritis: A Population-based Study. J Rheumatol. 2017 Jan;44(1):84-90.