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ETHNIC DISPARITY IN THE INCIDENCE OF TEMPORAL ARTERITIS: A 32-YEAR EXPERIENCE AT AN URBAN MEDICAL CENTER

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Background: Temporal arteritis (TA) is the most common primary systemic vasculitis. It occurs in the middle-aged and elderly, seldom occurring below 50 years of age. TA is widely held to be a disease occurring in Caucasians, but few large epidemiology studies have been performed in populations with substantial minority representation. There have been case reports of TA occurring in African-Americans, but TA is reportedly rare in this racial group.

Objective: To investigate the assertion that TA is rare in African-Americans, we examined the demographics of TA at an urban medical center.

Methods: We conducted a retrospective review of positive TA biopsies at the Wilmer Eye Center between 7/68 and 7/00. Demographic and clinical features including ethnicity, gender, age, and erythrocyte sedimentation rate (ESR) at biopsy were recorded.

Results: Ninety cases of biopsy-confirmed TA occurred over the 32-year period. All 90 patients fulfilled the ACR criteria for TA. The 90 cases included 79 biopsies with giant cells (88%) and 11 biopsies without giant cells (12%). The female:male ratio in this group of patients was 3:1. African-Americans comprised only 6% of the overall cohort. The demographic features and ESR of the patients, stratified by ethnicity, are displayed in the table below.

	Caucasian	African-American
Female n = 68 (76%)	63 (93%)	5 (7%)
Male n = 22 (24%)	22 (100%)	0
Mean ESR, mm/hr (range)	73 (12-145)	57 (50-63)
Mean age, years (range)	73 (53-90)	69 (57-81)
Total n = 90	85 (94%)	5 (6%)

The population demographics of the city of Baltimore and the state of Maryland were relatively stable during the period in which these TA biopsies were collected. United States census data (1990) reported that 59% and 25% of the total populations of Baltimore and Maryland, respectively, were African-American.

Conclusion: TA occurs in African-Americans, but the incidence appears to be strikingly lower than in Caucasians. This disparity may be explained partly by biases in referral and differences in access to care, but its magnitude suggests the presence of important genetic and/or environmental risk factors that vary between these two ethnic groups.