

R1 R2 R3 PG0 PG1 Estagiário Tecnólogo PIBIC

Last Name - Yasaki

First Name - Érika

Middle - Sayuri

Service (sector)

Cornea and External Disease

Nº CEP

Immunosuppressive therapy for ocular involvement in rheumatoid arthritis – analysis of 7 cases

Yasaki, E.S., Santos, N.C., Trevisani, V.F.M., Vieira, L.A., Freitas, D., Souza, L.B.

Introduction: Scleritis and peripheral ulcerative Keratitis (PUK) may occur in patients with rheumatoid arthritis and suggest an active systemic vasculitis that, if left untreated, can lead to serious ocular and systemic complications.

Purpose: This study was undertaken to evaluate immunosuppressive therapy for ocular involvement in patients with diagnosis of rheumatoid arthritis.

Methods: Prospective study included 7 patients with diagnosis of rheumatoid arthritis under outpatient treatment at External Disease and Cornea Service of the Department of Ophthalmology – Federal University of São Paulo from July 1999 to August 2000. All of them required immunosuppressive therapy to control ocular inflammation.

Results: Nearly 71% of patients had a long lasting course of RA (mean 6.2 years) and in 28.6% the initial investigation for an ophthalmology specialist did not identify the systemic disease. The most common ocular inflammation which required immunosuppressive therapy was scleritis and the most serious was PUK, which evolved to ocular perforation in 14.2% of the cases (1 eye). One patient presented with episcleritis bilaterally. Methotrexate was the first choice in 6 cases; 3 patients were treated with cyclophosphamide (In 1 of them as first choice drug) because of aggressive course of the disease. All patients were under NSAIDs and/or corticosteroids orally without control of inflammatory ocular disease.

Conclusion: Immunosuppressive drugs in most cases may control Scleritis and PUK in rheumatoid arthritis. However, even aggressive therapy can lead to complications with poor ocular prognosis.