RHEUMATOLOGY-OPHTHALMOLOGY COLLABORATIVE MANAGEMENT OF AUTO-IMMUNE OCULAR DISEASES IN A BRAZILIAN TERTIARY REFERRAL CENTER: A RETROSPECTIVE CASE SERIES

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BACKGROUND

Identification of ocular manifestations in rheumatic diseases is important for precocious treatment and morbidity prevention, but also because it can serve as a marker for disease flares or even represent the first disease manifestation. Treatment usually involves immunosuppression, and the choice of agent, as well as management of adverse reactions and recognition of underlying systemic disease are factors that make a multidisciplinary approach necessary. Despite this, there is insufficient data to determine the structuring of multidisciplinary collaboration units or verify its benefit. This study aims to describe the clinical profile of patients diagnosed with autoimmune ocular diseases treated in a collaborative Rheumatology-Ophthalmology unit in a tertiary referral center and the potential benefits of multidisciplinary care.

METHODS

Retrospective chart analysis. Ethics approval was obtained from the Hospital das Clínicas da Faculdade de Medicina de Ribeirão Preto Ethics Committee.

RESULTS

Amongst the 145 included, most common referral origin was the ophthalmology's uveitis unit ($n = 104$, 72.2%) and the main reason for referral was therapeutic support ($n = 80$, 55.2%). Most common presentations were anterior uveitis ($n = 70$, 48.3%), posterior uveitis ($n = 40$, 27.6%) and panuveitis ($n = 17$, 11.7%). Most patients ($n = 55$, 38.2%) had idiopathic conditions. Most commonly detected underlying systemic disease were Vogt-Koyanagi-Harada disease ($n = 30$, 20.7%), inflammatory spondyloarthropathies ($n = 14$, 9.6%) and Behçet's disease ($n = 8$, 5.2%). Of all patients with identifiable systemic diseases ($n = 31$), 34.4% were diagnosed by the CROU team. Most patients were treated with synthetic disease modifying drugs ($n = 118$, 81.4%) at some point, mainly methotrexate ($n = 74$, 63.5%) and azathioprine ($n = 54$, 45.8%). Twenty-six (17.9%) patients used biologic agents, mostly antitumor necrosis factor ($n = 24$, 16.0%).

CONCLUSION

Most cases of autoimmune ocular diseases in tertiary centers are idiopathic conditions, most commonly present with anterior uveitis and need immunosuppressive therapy. Although prospective, group-controlled studies are necessary to establish the benefits of multidisciplinary management in patient outcome, it seems to be helpful in recognizing underlying systemic diseases and optimizing immunosuppression adjustment.

KEYWORDS

Uveitis, Scleritis, Episcleritis, Multidisciplinary management, Collaborative unit.