



Biologic Therapy in Non-Infectious Inflammatory Eye Diseases: Experience in a group of Chilean Patients Sabat, P; Anguita, R; Sáez, V; Urzúa, C; Morales, S. Hospital Del Salvador – University of Chile – Clínica Las Condes

Financial interests: none

Background:

The uveitis refractory to conventional immunosuppressive therapy, remains a challenge for the ophthalmologist. The advent of biologic drugs has given us a chance to improve the visual outcome in patients with sight-threatening inflammation where other therapies have failed.

Purpose:

To describe the use of biologic therapy in a group of Chilean patients with non-infectious uveitis or scleritis, focusing on inflammation, visual acuity, adverse effects and associated therapies.

Methods:

Retrospective, cross sectional, observational study. Medical records of patients with non-infectious uveitis and/or scleritis and biologic therapy were reviewed at 2 medical centres (Hospital Del Salvador and Clínica Las Condes). Demographic data, degree of inflammation during follow-up, drugs used and complications were recorded in an Excel database and analysed using Stata[®]12 software.

Results:

We found 41 patients with uveitis or scleritis and biologic treatment. The average age was 15 years at diagnosis (1.5-64). The most frequent aetiology of the inflammation was JIA-associated anterior uveitis (Fig.1). Adalimumab was the main drug used (Fig.2). In the subgroup of patients with ophthalmic indication of biologic therapy and a minimum follow-up of 1 year (1 to 5.6 years, 25 patients), we found a complete control of the inflammation in 72%, 84% and 92% at 3, 6 and 12 months, respectively (Fig.3). 44% had flaresup during follow-up (average 2.8 reactivations perpatient). In 6 patients the treatment was discontinued after 25 months (14-34) of quiescence, occurring reactivations in all but one. Severe complications seen during treatment were one Varicella Zoster infection, one patient with Leukoencephalopathy, one with pustular psoriasis and one with a non-Hodgkin lymphoma.

FIGURE 1: ETIOLOGIES



FIGURE 2: NUMBER OF PATIENTS TREATED BY DRUG







Rituximat

FIGURE 3: COMPLETE CONTROL OF INFLAMMATION





Conclusions:

The uveitis refractory to conventional immunosuppressive therapy, remains a challenge for the ophthalmologist. The advent of biologic drugs has given us a chance to improve the visual outcome in patients with sight-threatening inflammation where other therapies have failed.

