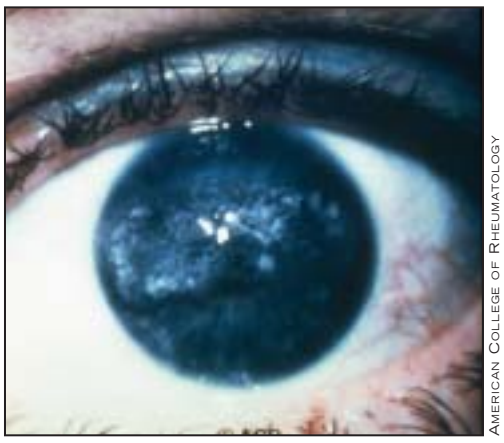

American College of Rheumatology

Immunosuppression should start early in JIA to prevent prolonged ocular inflammation.

JIA-Related Uveitis Outcomes Called 'Excellent'

BY NANCY WALSH
New York Bureau

Long-term outcomes of uveitis associated with juvenile idiopathic arthritis were excellent in a large, single-center study in which there was a low incidence of resulting blindness, Dr. Rotraud K. Saurenmann and colleagues reported.

Dr. Saurenmann and her associates at the Hospital for Sick Children and the University of Toronto analyzed data from an inception cohort of 1,081 children with juvenile idiopathic arthritis (JIA) who were followed for a median of 6.9 years; uveitis developed in 142 (13%).

At the last follow-up visit, with best corrected visual acuity assessment available for 108 patients, 10 had become legally blind, 4 had impaired vision, and the remaining 94 had good visual acuity, the researchers reported (Arthritis Rheum. 2007;56:647-57).

Chronic anterior uveitis was the most common type, developing in 97 of the 142 patients (68%). Acute anterior uveitis was seen in 23 patients (16%), anterior recurrent uveitis in 17 (12%), and anterior uveitis with vitritis in 5 (4%).

The study also identified risk factors for the development of uveitis. These included age younger than 6 years at diagnosis, antinuclear antibody (ANA) positivity, and oligoarticular disease.

The highest rate of uveitis (21%) occurred in the subgroup of patients with oligoarticular disease, a finding that is in line with other reports, according to Dr. Saurenmann, who is currently in the department of pediatrics, University Children's Hospital, Zürich.

Among patients with rheumatoid factor (RF)–negative polyarticular JIA, 32 (14%) developed uveitis, but none of the patients with polyarticular RF-positive JIA developed the ocular condition. Only one patient with systemic JIA developed uveitis, and that was during the onset of systemic disease during a period of severe systemic inflammation. The symptoms responded promptly to topical treatment.

Previous studies have found a higher prevalence of uveitis among girls than among boys with JIA. In this investigation, however, gender did not remain a significant predictive factor after Cox regression analysis. "This result suggests that the increased prevalence of uveitis in females with JIA is a result of the female predominance in young-onset oligoarticular JIA and of a higher percentage of females with ANA positivity," the investigators wrote.

The relative contribution of risk factors to the development of uveitis in the different subtypes of JIA also was analyzed. ANA positivity was associated with a risk of uveitis in patients with RF-negative polyarticular disease, enthesitis-related arthritis, and persistent oligoarthritis. The association was not seen in patients with psoriatic or extended oligoarticular JIA. This latter condition refers to oligoarticular disease that evolves into polyarticular disease after 6 months, according to current classification by the International League of Associations for Rheumatology.

The uveitis was mild and self-limited, requiring no topical treatment, in 11 (8%) of patients. Two of these patients were receiving systemic medications, one with methotrexate and the other with corticosteroids. Topical corticosteroids were prescribed for 129 patients (91%), mydriatics for 86 (61%), and topical nonsteroidal anti-inflammatory drugs (NSAIDs) for 33 (23%). Systemic medications included NSAIDs in 139 patients (98%), methotrexate in 63 (44%), corticosteroids in 39 (28%), and tumor necrosis factor–α blockers in 16 (11%).

Combination therapy was needed to control severe articular disease in 10 patients, refractory uveitis in 7 patients, and both articular and ocular disease in 3.

Complications of uveitis developed in 53 (37%) patients. These included cataracts, synechiae, glaucoma, band keratopathy, and macular edema.

The authors recommended that aggressive immunosuppressive treatment be instituted early in these patients to prevent prolonged ocular inflammation. ■

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