

Uveitis in tumorji, Friday, May 16 2025, 11:00-12:00

Location: dvorana Grandis

Session: Uveitis in tumorji / Uveitis and tumours

Chairs: Nataša Vidović Valentinčič and Saša Počkar

OR-038

Peripheral Ulcerative Keratitis – Ophthalmological and Rheumatological Challenge

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PURPOSE: Peripheral ulcerative keratitis (PUK) is one of the most serious complications of rheumatoid arthritis (RA) and a prognostic factor for systemic vasculitis in these patients. Our aim is to present ocular complications of rheumatoid arthritis in two clinical cases of patients with PUK, scleritis and uveitis.

METHODS: A 47-year-old female patient with seropositive rheumatoid arthritis was treated for pain, redness and photophobia of the right eye. The initial intrastromal corneal deposits in the nasal and lower half of the cornea near the limbus and neovascularization of the limbus progressed to PUK within two weeks.

A 42-year-old female patient with palindromic rheumatoid arthritis was treated for bilateral redness and severe, mainly nocturnal ocular pain. Anterior necrotizing scleritis with PUK, mainly superior, was diagnosed.

RESULTS: The first patient was treated with pulses of intravenous methylprednisolone, but this was not sufficient for the inflammation to subside. We coordinated further treatment with the rheumatologists and patient received tocilizumab and human immunoglobulins, which led to the resolution of the inflammation.

The second patient was treated with pulses of intravenous methylprednisolone and methotrexate, the inflammation subsided but recurred the following year, with the development of intermediate uveitis. Treatment with adalimumab was unsuccessful and after coordination with the rheumatologists, rituximab therapy was introduced and led to remission.

CONCLUSION: PUK can be a devastating complication of RA, which can cause rapid corneal melting with perforation and loss of vision. It is a predictor of systemic vasculitis, which carries a high mortality rate if not aggressively treated. Prompt recognition and multidisciplinary treatment in collaboration with rheumatologists is important, as the timely introduction of appropriate therapy can prevent irreversible ocular and systemic sequelae.

Periferni ulcerativni keratitis – oftalmološki in revmatološki izziv

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NAMEN: Periferni ulcerativni keratitis (PUK) je ena najresnejših komplikacij revmatoidnega artritisa (RA) in napovedni dejavnik sistemskega vaskulitisa pri teh bolnikih. Namen prispevka je predstaviti očesne zaplete revmatoidnega artritisa na dveh kliničnih primerih bolnic s PUK, skleritisom in uveitisom.

METODE: 47-letna bolnica s seropozitivnim revmatoidnim artritisom je bila obravnavana zaradi rezajoče bolečine, pordelosti in fotofobije desnega očesa. Sprva prisotni intrastromalni roženični depoziti v nazalni in spodnji polovici roženice ob limbusu in neovaskularizacija limbusa so v dveh tednih napredovali v PUK.

42-letna bolnica s palindromnim revmatoidnim artritisom je bila obravnavana zaradi obojestranske rdečine in hude, predvsem nočne očesne bolečine. Ugotovljen je bil anteriorni nekrozantni skleritis s PUK-om predvsem zgoraj.

REZULTATI: Prva bolnica je bila uvodoma zdravljena s pulzi intravenskega metilprednizolona, vendar za umiritev vnetja to ni zadostovalo, z revmatologi smo se uskladili za zdravljenje s tocilizumabom in s humanimi imunoglobulini, kar je vodilo do umiritve vnetja.

Tudi druga bolnica je bila zdravljena s pulzi metilprednizolona in in z metotreksatom, po čemer se je vnetje umirilo, vendar je v naslednjem letu prišlo do ponovitve, ob tem se je pojavil intermediarni uveitis. Zdravljenje z adalimumabom je bilo neuspešno, po uskladitvi z revmatologi je bila uvedena terapija z rituksimabom, ki je privedla do remisije.

ZAKLJUČEK: PUK je lahko uničujoč zaplet revmatoidnega artritisa (RA), ki lahko povzroči hitro taljenje roženice s perforacijo in izgubo vida. Je napoved sistemskega vaskulitisa z visoko stopnjo smrtnosti, če ni agresivno zdravljen. Pomembno je hitro prepoznavanje in multidisciplinarno zdravljenje v sodelovanju z revmatologi, saj pravočasna uvedba ustrezne terapije lahko prepreči nepopravljive očesne in sistemske posledice.