



POSTER PRESENTATION

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Descriptive study of patients with uveitis attended during one-year period - diagnostic classification and treatment

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Introduction

Uveitis is a frequent extra-articular manifestation of chronic inflammatory joint diseases and may be the first symptom of rheumatic disease.

Aim

To analyze all patients with uveitis attended by a tertiary hospital during one-year period and the treatment administered, with special attention paid to cases of uveitis associated with rheumatic diseases.

Patients and methods

We analyzed all patients with uveitis attended by our ophthalmology outpatient clinic from January to December 2009 and also recorded the percentage of first visits.

The data collected were: age, gender, type of uveitis (anterior, intermediate, posterior, panuveitis), diagnosis (associated with rheumatic diseases, infectious uveitis, ophthalmologic-specific conditions and idiopathic uveitis) and the treatment received (glucocorticoids, biological therapy, immunosuppressive therapy, surgery).

Results

314 patients with uveitis (60% female, mean age 47.6 ± 18.3 years (range 6- 87 years)) were attended during the study period: it was the first visit in 32% patients. According to the anatomical site, 102 patients (33%) had anterior uveitis, 33 (11%) intermediate uveitis, 110 (35%) posterior uveitis and 69 (22%) panuveitis. According to the diagnosis, 89 patients (28%) had uveitis associated with rheumatic disease, 88 (28%) infectious uveitis, 54 (17%) ophthalmologic-specific conditions and

83 (26%) idiopathic uveitis. The most-frequent associated rheumatic diseases were: 25 patients (28%) with Behçet disease; 18 (20%) with HLAB27+ ankylosing spondylitis; 14 (18%) with sarcoidosis; 7 (8%) with juvenile idiopathic arthritis and 6 (7%) with systemic lupus erythematosus. Thirty-one patients received biological therapy with anti-TNF-alpha (most-frequently those with Behçet disease and juvenile idiopathic arthritis), 26 immunosuppressive therapy and 23 required surgery.

Conclusion

Rheumatic conditions were a common cause of uveitis in our patients. The most-frequent were Behçet's disease, HLAB27+ ankylosing spondylitis, sarcoidosis and juvenile idiopathic arthritis. Biological therapy is administered in a significant proportion of patients with uveitis, mainly those with Behçet disease and juvenile idiopathic arthritis.

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