Case Report

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Treatment of recurrent uveitis and ankylosing spondylitis with Golimumab: a case report, Letter to Editor

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Introduction and importance: Uveitis, as an extra-articular presentation, is found in 23% of patients with ankylosing spondylitis (AS) and is a challenging disease to treat.

Case presentation: The authors presented a 32-year-old male to the out-hospital, complaining of recurrent anterior uveitis 8 years earlier in his left eye, and suffered from inflammatory lumber pain for 2 years. So a diagnosis of AS after the failure of many therapeutic strategies, 50 mg /month subcutaneous Golimumab was started with clinical remission of AS and uveitis.

Clinical discussion: The American College of Rheumatology recommends the use of etanercept and adalimumab in the treatment of recurrent uveitis in AS patients. Similarly, the European League Against Rheumatism recommended using Infliximab, Adalimumab, or Certolizumab to prevent the recurrence of uveitis recurrence. Till now, a case about treating refractory uveitis with Golimumab in AS patients was published.

Conclusion: Golimumab was found to be effective in the treatment of uveitis associated with spondyloarthritis refractory at least one immunosuppressive drug.

Keywords: ankylosing spondylitis, golimumab, uveitis

Introduction and importance

Uveitis, as an extra-articular presentation, is found in 23% of patients with ankylosing spondylitis (AS)[1]. It occurs in 41% as a first presentation of PsA[2,3]. The most frequent presentation of uveitis is acute, anterior, and unilateral[1,4]. Uveitis is a challenging disease to treat, and medical management consists of topical or systemic corticosteroids. For patients with severe cases of uveitis who were unresponsive to steroids or in those patients with complications associated with the usual therapy, immunosuppressants can be used such as methotrexate or azathioprine[1,5].

Tumor necrosis factor blockers (TNFα), which are recommended as first-line agents to treat uveitis associates. The newest entries into the therapeutic arena for uveitis are medications that target specific mediators of the immune response with spondyloarthritis such as infliximab and adalimumab[1,6,7]. However, there are no recommendations about treating patients for whom this treatment fails[1,6].

HIGHLIGHTS

- Uveitis, as an extra-articular presentation, is found in 23% of patients with ankylosing spondylitis (AS).
- Till now, a case about treating refractory uveitis with Golimumab in AS patients was published1.
- Golimumab was found to be effective in the treatment of uveitis associated with spondyloarthritis refractory to at least one immunosuppressive drug.

Case presentation

A 32-year-old male presented to the out-hospital clinic of Modern Hospital Center, complaining of recurrent anterior uveitis 8 years earlier in his left eye, treated with topical management. He also suffered from inflammatory lumber pain for 2 years. Laboreatory tests showed positive HLA-B27, ESR = 67 mm/h[1] (n:0–20), and CRP = 23 mg/dl (n:0–6). Grade 2 bilateral sacroiliitis was found on conventional radiography where they showed minimal abnormality along with small localized areas of erosion or sclerosis without alteration in the joint width, so a diagnosis of AS, was done according to ASAS criteria[8]. Treatment with 500 mg/day naproxen, and 10 mg/week methotrexate was initiated for 3 months without remission as the persistence of inflammatory lumber pain with a BASDAI score of 7. 5 mg/Kg infliximab was started for 8 months at the week 0, 2, 6, and then for every 8 weeks without response, so 40 mg/2 weeks SC Adalimumab was started; 3 years later she presented with uveitis in the right eye with lumbar pain. Due to these recurrences, 50 mg /month subcutaneous Golimumab was started for

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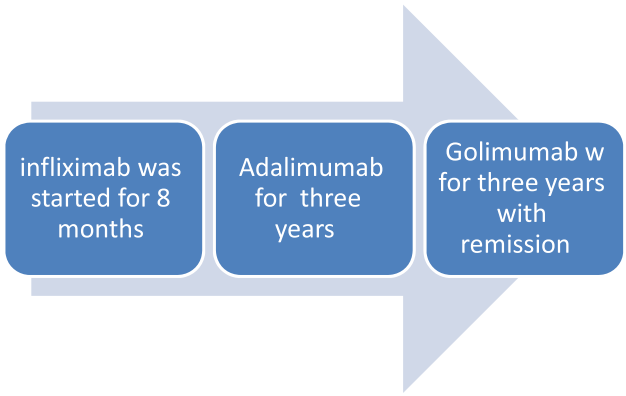

Figure 1. Shows the treatment timeline and outcomes.

3 years with clinical remission of AS and uveitis, where The degree of visual acuity improved from 5/10 to 9/10, reduction in flare frequency, and decrease in inflammatory markers (Fig. 1).

This case is submitted on the research registry dashboard[9].

Our study is compatible with the SCARE Guideline checklist[10].

Clinical discussion

Uveitis is the most common extra-articular manifestation in SpA. Uveitis means the inflammation of the uvea (iris, ciliary body, and choroid). Due to serious complications such as high intraocular pressure, cataract, or glaucoma and even atrophy of the eyeball possibly leading to permanent loss of vision. Rheumatologists and ophthalmologists recommend using biological treatment.[11]

The American College of Rheumatology[12] recommends the use of etanercept and adalimumab in the treatment of recurrent uveitis in AS patients. Similarly, the European League Against Rheumatism[13]] recommended using Infliximab, Adalimumab, or Certolizumab to prevent the recurrence of uveitis recurrence. Till now, a case about treating refractory uveitis with Golimumab in AS patients was published. Ophthalmologists recommended Infliximab and Adalimubab for uveitis associated with AS[1], as a second-line treatment.

Golimumab was found to be effective in the treatment of uveitis associated with spondyloarthritis refractory to least one immunosuppressive drug, according to Calvo-Rio *et al.*[14] study and the study by Yazgan *et al.*[15], reported an improvement. In Calvo-Rio *et al.*, study[14], one patient had similar characteristics to our patient, namely, failure of Infliximab, Adalimumab, and Etanercept. This case revealed the efficacy of Golimumab in the treatment of refractory and recurrent uveitis associated with spondyloarthritis, after the failure of other anti-TNFα drugs.

Ethical approval

The Ethical approval was given by the Ethical Committee of the Faculty of Medicine, Damascus University (N: KD 13376,2024).

Consent

Written informed consent was obtained from the patient for publication of this case report and accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal on request.

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Author contribution

M.K.,T.D., S.D.: literature review, manuscript writing and editing, and final manuscript review and approval.

Conflicts of Interest disclosure

The authors declare that they have no conflicts of interest.

Research registration unique identifying number (UIN)

1. Name of the registry: Prof. Maysoun Kudsi.
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3. Hyperlink to your specific registration (must be publicly accessible and will be checked): https://www.researchregistry.com/browse-theregistry#home/.

Guarantor

Maysoun Kudsi, Tasneem Drie, Sumaya Dumirieh.

Data availability statement

Datasets generated during and/or analyzed during the current study are publicly available upon reasonable request.

Provenance and peer review

Not commissioned, externally peer-reviewed.

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