

Poster presentation

Use of Adalimumab in young patients with chronic uveitis in whom infliximab loses its efficacy

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Background

Adalimumab has been shown to be efficacious in childhood uveitis.

Materials and methods

We have switched to Adalimumab treatment eight patients with chronic uveitis in whom, after 15–39 months of Infliximab infusions, recurrences of eye inflammations were increasing. Four were males, four females; in three cases uveitis was associated with JIA, in one with early-onset sarcoidosis, in one with Behçet disease, while three patients suffered from idiopathic uveitis. Adalimumab was administered subcutaneously at the dosage of 24 mg/sq. meter every 2 weeks. Up to now (April 2008) patients received from 18 to 24 injections each.

Results

At the onset of Adalimumab treatment in four patients uveitis was active. One of them rapidly improved already after the first injections, while another two progressively recovered over the subsequent injections; in the fourth, after an initial, partial remission, frequent flares were observed and Adalimumab was discontinued. In the four patients who were in remission at the onset of Adalimumab, one of them maintained a durable remission, one achieved a remission after 2 flares. One showed worsening activity, and in another because of persistent inflammation requiring pulses of methylprednisolone, Adalimumab was discontinued. In 3 patients visual acuity has already improved during Adalimumab treatment,

while in the remainder 5, either it deteriorated or remained stable.

Conclusion

Our data suggest that Adalimumab may to be effective in children with chronic uveitis even if they previously failed another anti-TNF agent. However, long term follow-up efficacy data still need to be established.