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Miscellaneous

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Rituximab In Inflammatory Myopathy: Real Life Expirience

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Has this paper been previously presented at another conference?: No

Background/Objectives: Idiopathic inflammatory myopathies are a heterogeneous group of diseases that are self-mediated by the immune system. Usually, patients respond to steroids and conventional immunosuppression, however, a group of patients may be refractory to this treatment. In these cases, therapy with anti-CD20 chimeric monoclonal antibodies has been used. The aim of this study is to describe the response to Rituximab (RTX) in refractory myopathies in a rheumatology outpatient clinic.

Methods: Retrospective observational study, which included patients diagnosed with inflammatory myopathy according to Bohan and Peter's criteria, from December 2008 to October 2023 in the rheumatological disease clinic. Describes demographics, clinical features, and indications for the use of RTX.

Results: A total of 18 patients (Figure 1) diagnosed with inflammatory myopathy, 14 patients with DM (77.8%), 2 patients with PM (11.1%), and 2 patients with overlapping syndrome (11.1%) were included. The most frequent characteristics were: 55.6% women with a mean age of 44 years and a mean duration of the disease of 7.3 years. All patients used prednisone at doses that have been decreasing to the current mean dose of 10 mg; all patients initiated immunosuppression with methotrexate; and 1 patient (5.56%) had monthly use of immunoglobulins. RTX was started at 2.93 years of diagnosis at a dose of 1 g IV (days 0 and 14) with an interval every 6 months; the indications were: 6 patients (33.3%) due to DMARD failure, 10 patients (55.5%) with flare-ups, 1 patient (5.6%) with calcinosis and 1 patient (5.6%) with pulmonary involvement. Patients had a sustained decrease in CK levels (Figure 1). Side effects were headache and nausea, no serious adverse effects were reported.

Image 1:

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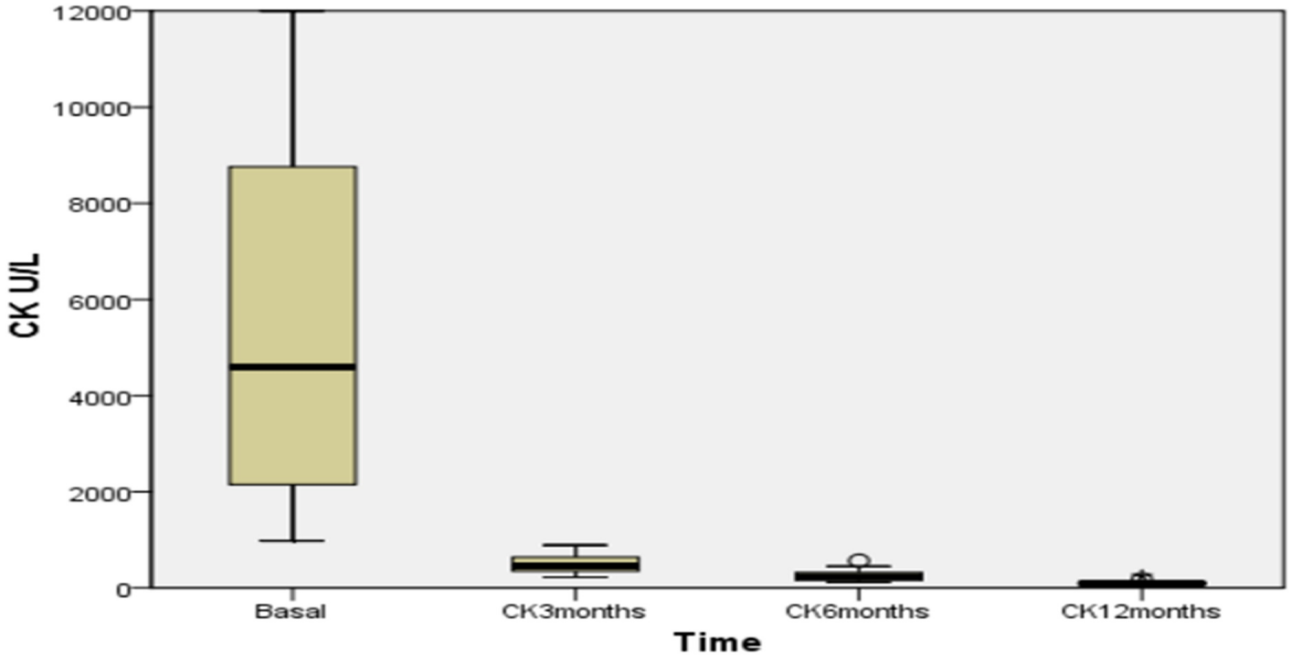
Patient characteristics		Mean or %
Background variables		
Gender	Female	10 (55.6%)
	Male	8 (44.4%)
Edge (years)		44
Diagnosis	Dermatomyositis	14 (77.8%)
	Polymyositis	2 (11.1%)
	Overlap	2 (11.1%)
Duration of the disease (years)		7.3
Clinical variables		
Decreased strength		18 (100%)
Skin		18 (100%)
Calcinosis		1 (5.6%)
ILD		1 (5.6%)
HAQ		2.2
Treatment		
MTX		18 (100%)
AZA		16 (88.9%)
HCQ		18 (100%)
PDN		18 (100%)
CYC		1 (5.56%)
MMF		1 (5.56%)
Immunoglobulins		1 (5.56%)
Indicatio for RTX		
cDMARDs fails		6 (33.3%)
Reactivation		10 (55.5%)
Calcinosis		1 (5.6%)
ILD		1 (5.6%)
Side Effects		
Headache		4 (22.22%)
Nausea		2 (11.11%)

Image 2:



Conclusion: This case series shows that RTX is a therapeutic option in patients with refractory disease. Maintain long-term remission in our population.

Disclosure of Interest: None Declared

Keywords: Inflammatory Myopathy, Rituximab, refractory