Methods: Patients received adalimumab 40 mg every other week in VISUAL III, and interim follow-up data were collected through Weeks 0 to 78. Efficacy measures assessed included proportion of patients with: no active inflammatory lesions in both eyes; anterior chamber (AC) cell grade ≤0.5+ in both eyes; vitreous haze (VH) grade ≤0.5+ in both eyes; quiescence (defined as no active inflammatory lesions and AC cell grade ≤0.5+ and VH grade ≤0.5+); and steroid-free quiescence. Mean steroid dose and mean best corrected visual acuity (BCVA) were also assessed. Missing data were imputed using non-responder imputation for categorical endpoints, last observation carried forward for continuous variables, and as-observed for steroid dose. Efficacy was analyzed by IMM (methotrexate, cyclosporine, mycophenolate mofetil, or azathioprine) use. Adverse events (AEs) were reported from first adalimumab dose in VISUAL III through interim cutoff date of Oct 31, 2016, with analysis by IMM use.
Results: Of 371 patients included in the intent-to-treat analysis, 117 (31.5%) were using IMM at VISUAL III baseline (BL) and 30 (8.1%) started IMM during VISUAL III. The proportion of patients with quiescence improved over time irrespective of IMM use; compared with Week 0, 95% confidence intervals were non-overlapping at most time points (Figure). Numeric improvements were achieved in steroid-free quiescence, steroid dose reduction, and BCVA, with no difference by IMM use. No new safety signals were detected through 130 weeks of treatment and AE rates were generally consistent with previous VISUAL trials; some AEs, notably serious infections and malignancies, were slightly higher with concomitant IMM use.
Conclusions: Exploratory analyses from the VISUAL III trial demonstrated that efficacy in adalimumab-treated patients was sustained or improved through 78 weeks of treatment, irrespective of IMM use. AE rates were consistent with previous VISUAL trials, although numerically higher rates for a subset of AEs were observed in patients taking IMM.

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AUTOINMUNE OCULAR DISEASE UNIT: 12-MONTH EXPERIENCE AT A TERTIARY HOSPITAL

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Objectives: Describe the experience at 12 months of an autoinmune ocular disease unit.
Methods: Medical records review, descriptive study. Patients of both sexes with diagnosis of ocular disease that were being followed-up in the Autoimmune Ocular Disease Unit between February 2018 and January 2019 were included. The qualitative variables were expressed as frequencies and percentages, the quantitative ones as means and standard deviation (SD). Microsoft Excel was used to analyze the data.
Results: We included 56 patients. 75% were female (42/56), with an average age of 42 ± 15.17 years and an average disease duration of 24.83 ± 21.19 months. The most frequent chief complaint was red eye, present in 48.2% of patients (27/56), followed by reduced visual acuity in 46.4% of patients (26/56) and painful eye in 41.07% (23/56). 57.04% of patients presented to the unit during their first episode (31/54). Involvement was bilateral in 63.63% (35/55). The most common diagnosis was uveitis (29/56). 75.92% of the patients required treatment with systemic corticosteroids (41/54). 57.4% of the patients received at least one immunosuppressant drug (31/54). 42.85% of patients had an immune-mediated disease (21/49), 30.76% of those patientes were diagnosed while having an ocular flare. The most prevalent systemic disease was rheumatoid arthritis (11.11%, 6/54).
Conclusions: In our patient cohort, we found mostly female, middle aged patients, with bilateral ocular disease lasting more than 1 year. The disease most frequently referred to the unit was uveitis. Most patients required treatment with systemic corticosteroids and at least one immunosuppressant drug. Approximately one third of patients with ocular disease developed an immune-mediated disease with systemic involvement during their disease course.

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CONCORDANCE BETWEEN TWO GENERATIONS OF CITRULLINE PEPTIDE CYCLIC IgG IN PATIENTS WITH SUSPECTED ARTICULAR DISEASE IN A REFERENCE RHEUMATOLOGY CENTER

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Objectives: To compare the second and third generation anti-cyclic citrullinated peptide assays in Colombian individuals that were evaluated by the rheumatology service with suspected joint disease.
Methods: 80 sera from individuals evaluated by the rheumatology service were collected; all sera were examined for rheumatoid factor, rheumatoid factor isotype typing, second and third generation cyclic citrullinated peptide and antinuclear antibodies; the difference and concordance of the 90th percentile between second and third generation cyclic citrullinated anti-peptide were analysed.
Results: 37 (46.25%) positive sera were found for the second-generation anti-cyclic citrullinated peptide and 40 (50%) positive sera for anti-third-generation cyclic citrullinated peptide, subsequently finding a concordance of 77 (96.25%) sera and difference of 3 (3.75%) sera. On the other hand, 40 (50%) of the 80 (100%) sera were positive for Rheumatoid Factor, with greater frequency of the IgM isotype. For antinuclear antibodies, 12 (15%) positive sera with 1/160 dilution and predominance of the mottled pattern were found.
Conclusions: There is a concordance of 96.25% between the second and third generation cyclic citrulline anti-peptide assays, in addition to the coexistence of antinuclear antibodies at low titers in different patients.

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CLINICAL CHARACTERISTICS OF SYSTEMIC SCLEROSIS IN AN OUTPATIENT UNIT OF THE GUATEMALAN SOCIAL SECURITY INSTITUTE

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Objectives: Systemic sclerosis (SSc, scleroderma) is a complex connective tissue disease of unknown etiology with multiorgan involvement and heterogeneous clinical manifestations. Major organ involvement leads to decreased survival in SSc. Pulmonary fibrosis [interstitial lung disease (ILD)] and pulmonary arterial hypertension (PAH) cause more than half of all SSc-related deaths. The objective of the present study was to analyze the clinical characteristics and the most frequent complications in patients with systemic sclerosis in an ambulatory unit of the Guatemalan Social Security Iinstitute.
Methods: A medical records review study was carried out in which all patients met the 1980 American College of Rheumatology (ACR) or 2013 ACR/EULAR (European League Against Rheumatism) classification criteria for systemic sclerosis from January 2008 to December 2018 at the outpatient unit of the Guatemalan Social Security Institute. Demographic, clinical, immunologic and complications features was included to perform the analysis, and the treatments as well. Descriptive statistics were used for the analysis and factors associated with clinical manifestations of SSc and severe organ involvement; Chi square was used.
Results: A total of 21 patients with a diagnosis of systemic sclerosis were included; most patients were women (85.7%) with an average age of 51.8 (+/- 12.9) years, the mean time of disease duration was 8 (+/- 4.6) years. In 5 patients, ANA was positive. The most frequent complications were: Pulmonary hypertension in 9 patients (42.8%), pulmonary fibrosis in 5 (23.8%), digital ulcers in 9 (42.8%) and gastric complications in 4 (19%). The use of medications was: prednisone (76%) at an average dose of 15 mg, followed by azathioprine (47.6%), colchicine (61.9%), methotrexate (28.5%), bosentan (19%), and rituximab in 2 patients (9.5%). Two deaths were documented during the follow-up.
No association was found between the variables studied.
Conclusions: The most frequent complication was pulmonary hypertension, as it is reported in the majority studies, but it is remarkable that, digital ulcers were as frequent as lung involvement. It is important to search for skin involvement in the follow up of these patients.

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DELPHI METHOD IN RHEUMATOLOGY RESEARCH

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