

Acute Anterior Uveitis as Presentation of an Unknown Axial Spondyloarthritis (axSpA), in a Group of Patients Over 45 Years. Advantages of the Multidisciplinary Consultation of Rheumatology and Ophthalmology

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ABSTRACT

Ocular inflammation is a common clinical manifestation related to several autoimmune systemic disorders, specially spondyloarthritis.

Unilateral recurrent anterior acute uveitis (AAU), is the most frequent form of uveitis related to spondyloarthropaties, and is sometimes the initial manifestation of an undiagnosed axial spondyloarthritis.

X-ray of the sacroiliac joints has been fundamental to diagnose, classify and monitor the axSpA. For this reason, radiographic sacroiliitis is part of the diagnostic criteria of Axial Spondyloarthritis (axSpA).

The ASAS criteria for diagnosing axial SpA were published in 2009. They apply to patients under 45 years. The purpose of this paper is to present cases affected by acute anterior uveitis with special emphasis on the age of late presentation (over 45). In these patients, the typical radiological aspects of sacroiliitis were identified and the presence of axial spondyloarthritis was determined from the extra-articular clinical manifestations (AAU).

Introduction:

1. Objective

To describe the clinical characteristics of patients older than 45 years affected by acute anterior uveitis that allowed us to reach a diagnosis of an axial spondyloarthritis due to the presence of a radiological sacroiliitis (not known) and positive B27.

Attract the attention and interest of the clinician, on the existence of an axial inflammatory disease (undiagnosed) in a group of patients over 45 years old and that debut with acute anterior uveitis.

2. Methods

We studied the clinical features and prognosis of 30 patients with acute anterior uveitis (AAU). Ten of which with HLA-B27 positive. The patients with AAU showed the following characteristics, which were significantly different from patients with "classic" axial spondyloarthritis according to ASAS group classification criteria: an older age at onset, mean age 56.5 years; high male to female ratio; frequent unilateral alternating eye involvement; severe

inflammation; severe ocular symptoms during activity, such as presence of precipitates in the anterior chamber; presence of ocular synechia; high incidence of ocular complications; and frequent association with an unknown spondyloarthritis and the presence of radiographic sacroiliitis according to the modified New York criteria.

3. Results

10 patients, 70% men, 100% HLA-B27 positive, mean age 56.5 years, 40% with macula edema, 80% of patients had three or more outbreaks of uveitis, 20% of patients had peripheral joint involvement by the enthesitis-related arthritis and 20% of patients have a diagnosis of psoriasis. 80% with the presence of bilateral sacroiliitis according to the modified New York criteria. 20% with unilateral sacroiliitis (coinciding in two patients with psoriasis).

4. Limitations

This is a RETROSPECTIVE DESCRIPTIVE study. It is difficult to establish some degree of association. The results are not representative of the general population.

5. Conclusions

In our study, we highlighted the presentation of acute anterior uveitis as the key to the identification of axial spondyloarthritis in a group of patients older than 45 years and determined the treatment with tumor necrosis factor inhibitors (TNFi).

We highlight the advantages of the multidisciplinary consultation of Rheumatology and Ophthalmology.

It is necessary to work in this sense, with multicentric and Prospective studies.

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