



The Effectiveness of Methotrexate in the Treatment of Non-Infectious Uveitis

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Annotation: Non-infectious uveitis is a heterogeneous group of autoimmune diseases, in which, as a rule, it is not possible to detect a specific infectious agent that triggers the inflammatory process in the vascular membrane of the eye. In the etiopathogenesis of non-infectious uveitis, the leading role of immune mechanisms is assumed, which can be initiated by various exogenous (common infections, toxins, medications, eyeball injury, etc.) and endogenous (complement, etc.) stimuli.

In uveitis of autoimmune pathology, immunosuppression affects the uveal membrane of the eye, as well as systemic manifestations of the disease. The appointment of immunosuppressive therapy of uveitis is indicated in the presence of systemic manifestations of the disease. The widespread use of glucocorticoids leads to many side effects and does not allow to control the course of uveitis, which is explained by frequent relapses of the disease, which lead to the development of side effects.

In patients with complicated course of uveitis and with the threat of vision loss, the appointment of metatrexate as immunosuppressive therapy is indicated.

Keywords: uveitis, immunosuppression, methotrexate.

INTRODUCTION

The incidence of adult uveitis ranges from 15 to 120 people per 100,000 population (from 15 to 38 people per 100,000 population according to 1991-1999). Uveitis is less common in children than in adults: the incidence is 3.5 - 14, 7, the prevalence is 28 - 106 per 100,000 children per year, respectively. Chronic uveitis is more common than acute and accounts for 50-60%. Non-infectious uveitis, in comparison with infectious, represent a larger group of diseases and are more characteristic of developed countries. The frequency and etiological structure of non-infectious uveitis varies significantly in different regions of the world, age and ethnic groups.

Blindness due to uveitis and its complications is observed in 2-15% of patients in developed countries and up to 25% in developing countries, which is 2.8 - 10% of all cases of blindness.

PURPOSE

To evaluate the efficacy and safety of the use of the immunosuppressive drug methotrexate in the treatment of severe forms of non-infectious uveitis.

MATERIAL AND METHODS

In the department of the Bukhara branch of the Republican Specialized Ophthalmological Center, 36 patients with severe non-infectious uveitis aged 28 to 55 years were under observation for the period 2020-2022. Of all patients, 21 are male, 15 are female. In the treatment of patients, anti-

inflammatory therapy was used, parabolbar injections of glucocorticoids were used, mydriatics, nonoid anti-inflammatory drugs were used. The indication for the use of metatrexate was a severe, often recurrent eye condition leading to a vision-threatening course, as well as the development of side effects on glucocorticoids, or their weak effectiveness.

19 patients received antimetabolite methotrexate 7.5 mg once a week orally after 5 days of treatment with parabolbaro glucocorticoids and 10 days of dexamethasone instillation. 17 patients received standard anti-inflammatory treatment with glucocorticoids and non-steroidal anti-inflammatory drugs.

RESULTS

Methotrexate monotherapy was used in 19 patients with chronic autoimmune recurrent uveitis. Inflammation was stopped in 9, in other cases, prednisolone (10-15 mg / day) was added to therapy within 2 to 3 months from treatment.

A combination of low doses of methotrexate with prednisolone was received by 10 patients with chronic uveitis. Methotrexate was administered together with prednisolone at a dose of 0.5 mg / kg of weight, taking into account the delayed action of methotrexate (1.5-2 months). The dose of prednisone was gradually reduced to maintenance (7.5-15 mg / day). Relief of inflammation by the end of the 8th week was noted in 9 out of 10 patients. The duration of treatment ranged from 8 months to 2 years. Three patients who stopped taking the drug independently developed an exacerbation of uveitis after 1-1.5 months, which had a more severe course and required the appointment of glucocorticoids. Methotrexate was most effective in patients with uveitis associated with rheumatic polyarthritis, as well as other rheumatic uveitis. Planned withdrawal of the drug after 18-24 months was performed in 7 patients: remission of uveitis is noted for 1-3 years in 6 patients. In three cases, exacerbations of uveitis resumed after 6 months, in 2 patients — after 3 months in the form of mild and moderate iridocyclitis. A second course of methotrexate was prescribed to 3 patients. When treated with methotrexate, side effects were noted in 4 patients: leukopenia 1, increased hepatic transaminases 2, headache 3, dyspepsia 2. Withdrawal of the drug was required in 2 patients.

CONCLUSION

Timely administration of antimetabolite methotrexate is the method of choice in the treatment of severe uveitis and reduces the risk of severe complications and preserves vision. Methotrexate is an effective and safe drug when taking low therapeutic doses in the treatment of uveitis, mainly of rheumatic etiology. The combination of methotrexate with prednisolone makes it possible to achieve earlier relief of the process and reduce the number of relapses and complications.

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