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Clinical vignette

Rapid healing of peripheral ulcerative keratitis in rheumatoid arthritis with prednisone, methotrexate and adalimumab combination therapy

A 52-year-old male with known RA was referred to our clinic after experiencing acute pain and loss of vision in his left eye. Peripheral ulcerative keratitis (PUK) was diagnosed (Fig. 1A).

On admission, swelling of both wrists and deformities of his feet were present. Laboratory analysis revealed anti-CCP concentrations of >1200 IU/ml (normal <5 IU/ml), and RF was 26 IU/ml (normal <15 IU/ml). His medication included low-dose prednisolone, HCQ and SSZ. One year six months before presentation, his right eye had been enucleated because of PUK. We initiated treatment with high-dose prednisone, MTX (15 mg s.c. every week) and adalimumab (40 mg s.c. every other week). Four weeks later, the ulceration had healed completely (Fig. 1B).

PUK is a rare but severe extra-articular manifestation of RA. Mortality rates up to 50% have been reported, because it may herald systemic vasculitis [1]. Various agents have been used. Most often, CYC is used for sight-threatening disease [2]; AZA, MTX and MMF have been used in less severe cases. For refractory cases, infliximab or rituximab may be needed [2]. To our knowledge, this is the first report using a combination therapy of MTX and adalimumab for sight-threatening disease with rapid onset and sustained response.

Funding: No specific funding was received from any bodies in the public, commercial or not-for-profit sectors to carry out the work described in this manuscript.

Disclosure statement: The authors have declared no conflicts of interest.

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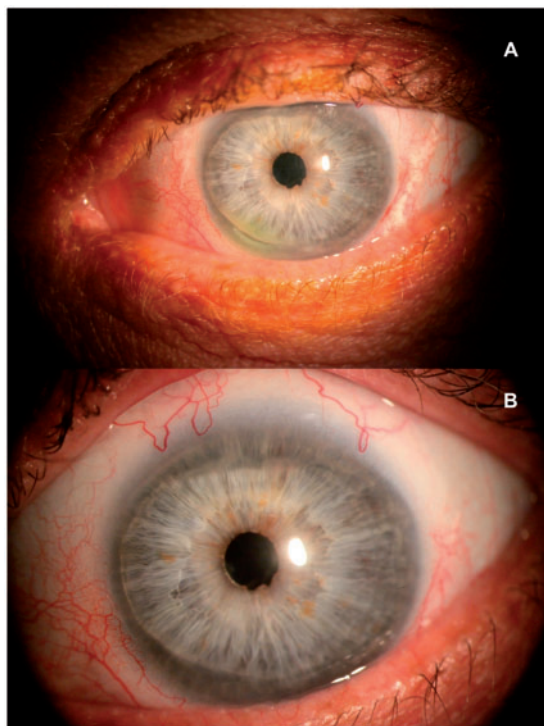
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Rheumatology 2017;56:1094
doi:10.1093/rheumatology/kex007
Advance Access publication 14 February 2017

Fig. 1 Anterior segment photography of the left eye. **(A)** Corneal ulceration is visible in the nasal inferior part of the cornea, with epithelial defect and corneal stromal thinning up to 60%. **(B)** Repeat photography 4 weeks after treatment with prednisone, MTX and adalimumab was initiated shows healing of the cornea, with intact epithelium and residual corneal thinning.



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