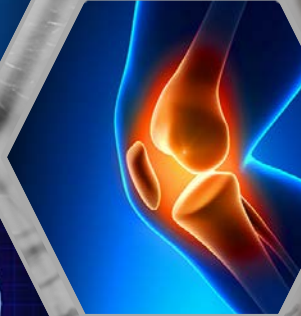
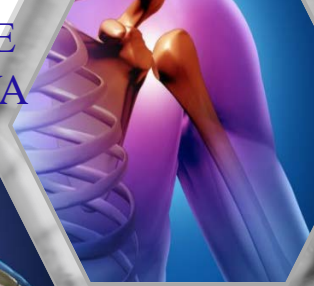
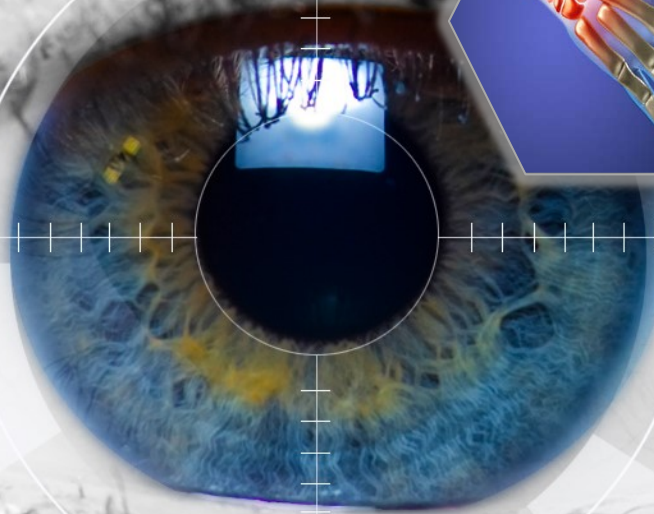




UNIVERSITATEA DE STAT DE MEDICINA ȘI FARMACIE
«NICOLAE TESTEMIȚANU» DIN REPUBLICA MOLDOVA

Departamentul Pediatrie



Afectare oculară în artrita juvenilă idiopatică

Cazuri clinice

profesor universitar REVENCO NINEL

Caz Clinic 1

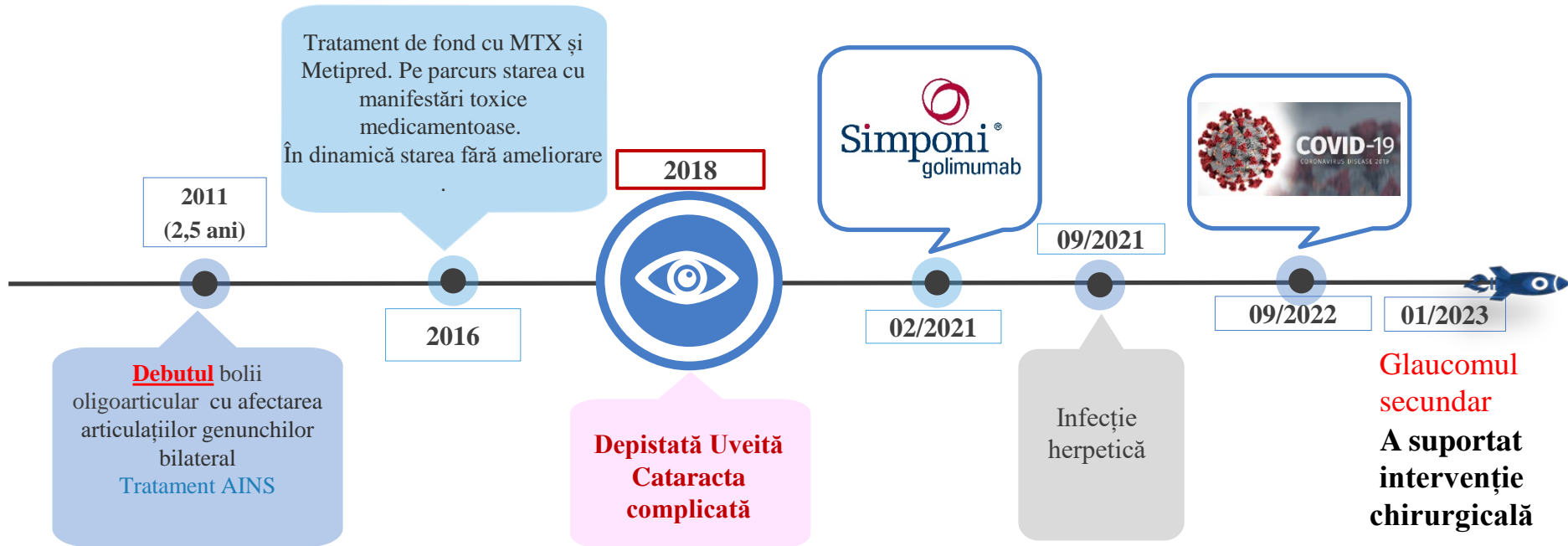


Pacienta M., sex feminin, 14 ani

Copilul se internează în mod planic pentru terapie biologică cu sol. Golimumab.

Acuze la internare: artralгии periodice în art. genunchilor bilateral, scădere semnificativă a acuității vizuale, fotofobie, lacrimație

Istoricul bolii:



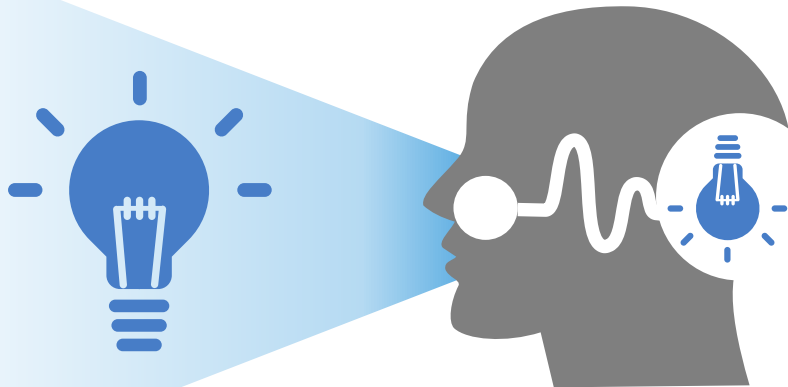
Anamneza personală fiziologică

Sarcina a II-a , N a II-a, la termen 40S, per vias naturalis, masa 2800 gr, talia 49 cm; dezvoltarea fizică și neuropsihică – fără particularități patologice;

Vaccinată incomplet conform CNV, ultima vaccinare a fost la vârsta de 2 ani c u VPO-4, DTP-4.

Anamneza alergologică neagravată

Anamneza personală patologică



07.03.2018

Tuse convulsivă



03.04.2018

**Depistata primar uveita.
Cataracta complicata!!!**



2019

I: OS intervenție chirurgicală- înlăturarea cataractei;



2021

II: OS corecție oftalmologică chirurgical
-discizie capsulei posteroare



2022

III: OS intervenție antiglaucomatoasa.

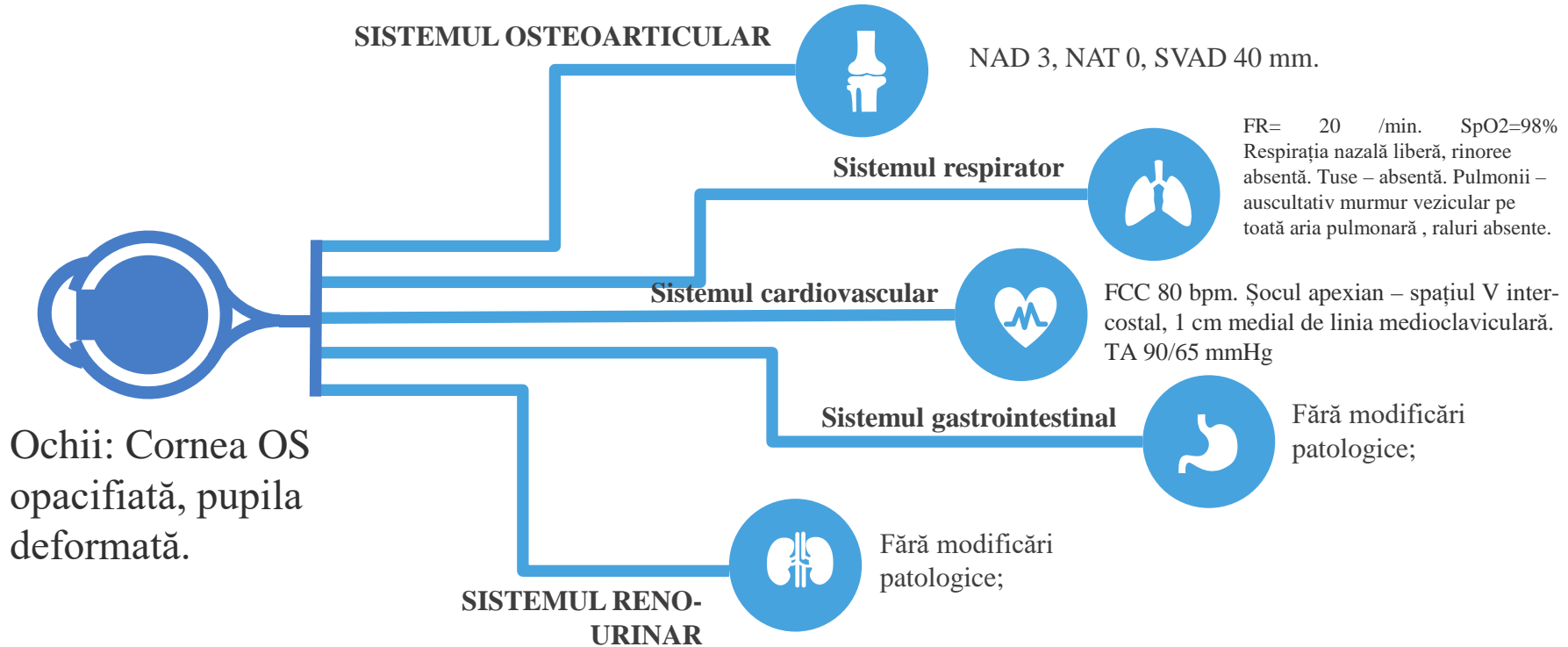


IV: OD introducerea sol. Kenalog 1,0 ml
subtenonian.

Examenul obiectiv



Starea generală de gravitate gravă conform patologiei de bază.



Dezvoltarea fizică

EVALUAREA CREȘTERII	04.02.2021	25.03.2021	25.06.2021	01.10.2021	05.01.2022	22.03.2023
Masa (ABS)	25	28	28	28	32	37
<i>Masa (z-score)</i>	-3.18	-2.52	-2.52	-2.52	-3.05	-1.94
Talia (ABS)	1.29	1.30	1.30	1.30	1.30	1.42
<i>Talia (z-score)</i>	-2.94	-3.33	-3.33	-3.33	-4.69	-2.89
BMI (z-score)		-0.74	-0.74	-0.74	-1.18	-0.43
<i>BMI (ABS)</i>	15.023	16.568	16.568	16.568	18.935	18.35

Retard staturo-ponderal

Starea clinică actuală:

Date de laborator:

- VSH: 23 mm/h
- PCR: 11.1 mg/L
- Anti-ANA: Positiv
- Factorul Reumatoid: Negativ
- Proteina S100: Normal
- Interleukin-8: Normal

Status Oculorum:

Vis OD/OS= 0,4/0,02 prin ceața

Biomicroscopic:

Conjunctiva: OU congestie mixtă;

Cornea: OS opacifiată, deformată;

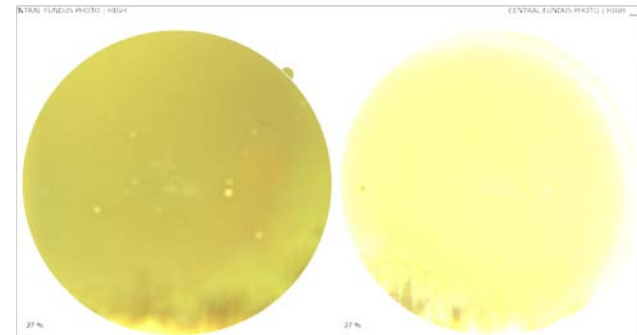
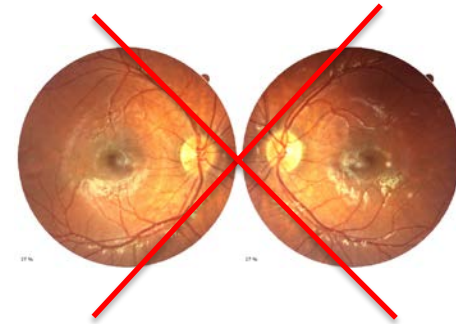
Irisul: OU edemațiat cu desenul șters;

Pupila: OU deformată cu sinechii posterioare;

Cristalinul: OS pseudofac

Câmpul vizual: îngustarea câmpului vizual

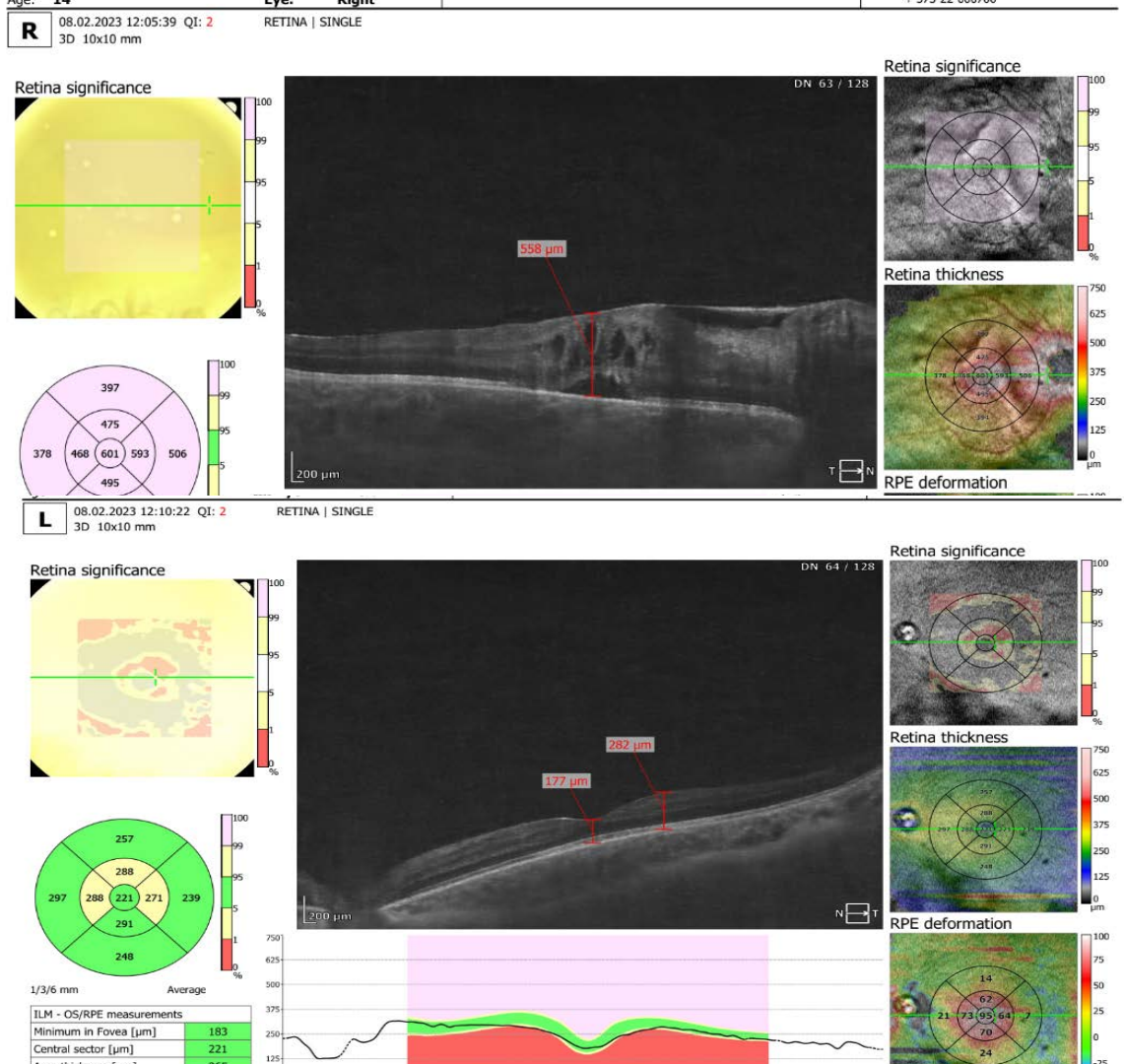
Oftalmoscopia: Imposibilă



OCT-A

Ochiul drept: **Edem macular cistoid**

Ochiul stîng: **Atrofie nervului optic**



Diagnosticul clinic



Artrită juvenilă idiopatică, forma oligoarticulară, evoluție extensivă, FP rezervat (afectarea porțiunii cervicale a coloanei vertebrale, modificări radiologice la nivelul articulațiilor genunchilor prin îngustarea spațiului articular), cu complicații oculare, grad înalt de activitate după DAS28-5.22, după JADAS10=22, CF II, SRo II.

OU Uveită lentă în acutizare. OU Keratopatie în bandă.

OD Edem macular. OU Cataractă complicată.

OU Glaucom secundar. OS Atrofie nervului optic (în cadranul superior și inferior).

OU Pseudofakie. OU Secluzie, ocluzie pupilară. OU Degenerescență corneană.

Retard staturo-ponderal secundar. Anemie carențială gr I. Cordaj fals în cavitatea VS

Caz clinic 2

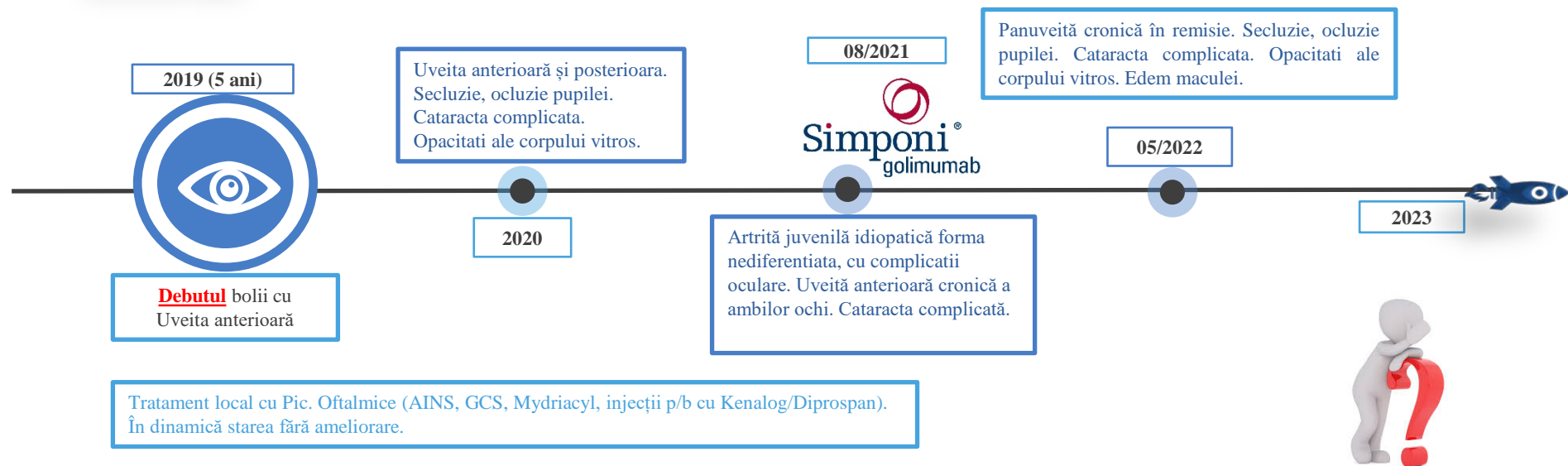


Pacient, sex masculin, 9 ani

Copilul se internează în mod programat, repetat, pentru administrarea tratamentului biologic cu sol. Golimumab, cura N13.

Acuze la internare: **scaderea acuității vizuale, artralгии periodice meteodependente.**

Istoricul bolii:



Anamneza personală fiziologică

Sarcina a II-a, a decurs fără particularități, N a II-a, la termen de 38 săptămâni; cu masa 3980 gr, talia 53 cm, prin operație cezariană. Alimentat la sân până la 3 luni, apoi amestec adaptat. Dezvoltarea fizică și neuropsihică – conform vârstei.

Vaccinat conform calendarului național de vaccinări

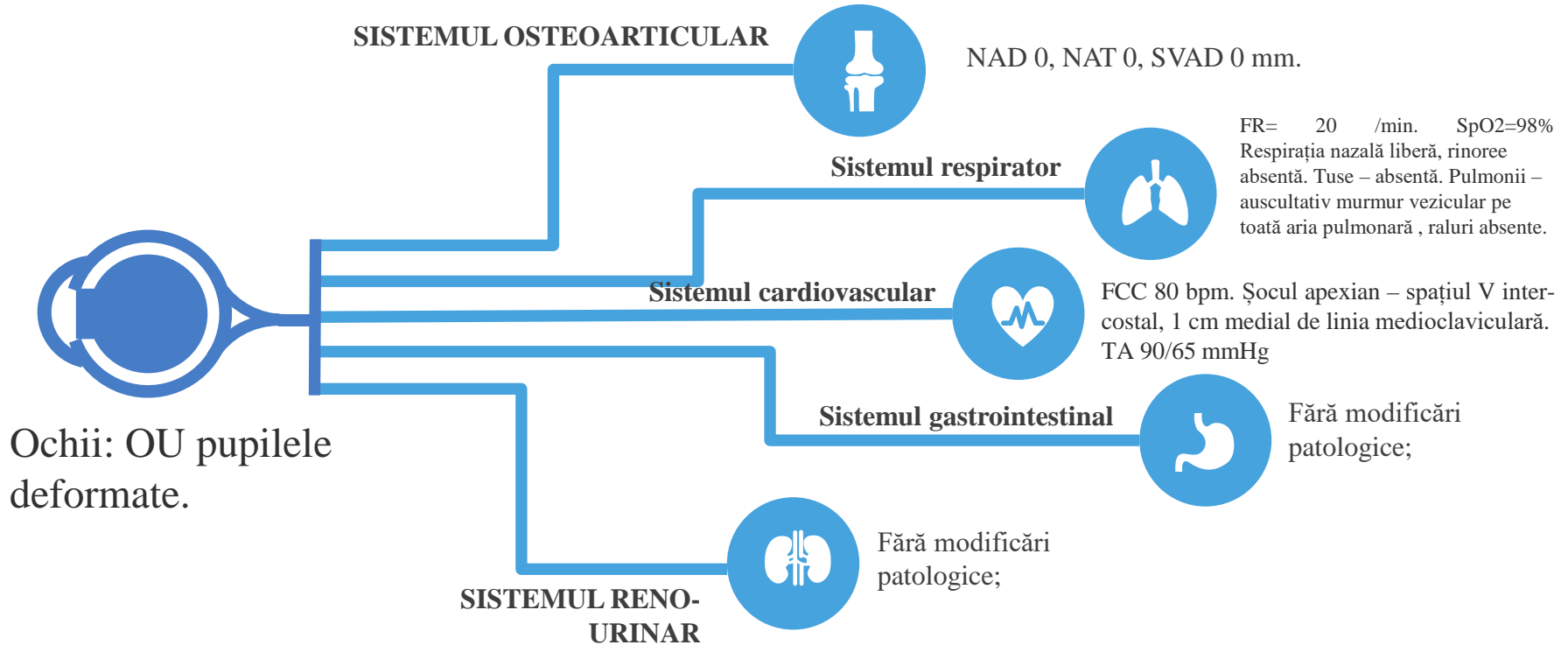
Anamneza alergologică neagravată

Anamneza eredocolaterală – tata în copilărie cu patologie la nivelul membrilor inferioare nu cunoaște detalii.

Examenul obiectiv



Starea generală de gravitate gravă conform patologiei de bază.



Dezvoltare fizică: masa 27 kg (P52, 0,06z), talia 129 cm (P 36, -0.36z), IMC 16,4 (P 64, 0,36z). Constituția normostenică.

Date de laborator:

- VSH: 19 mm/h
- PCR: Crescută
- Anti-ANA: Pozitiv
- HLA-B27: Pozitiv
- Proteina S100: Crescută
- Interleukin-8: Normal

Status Oculorum:

Vis OD percepe mișcarea degetelor/OS =0,08;
Medii optice - opacifieri multiple difuze.
Biomicroscopic pol anterior: sinechii pupilare bilaterale.
Cristalin opacifiere multiple bilaterale.
Concluzie: OU Uveita cronică în remisie.
Cataracta secundara bilaterala.



OCT-A

Age: 9

Eye: Both

+ 373-22-000700

R

24.03.2023 14:51:09

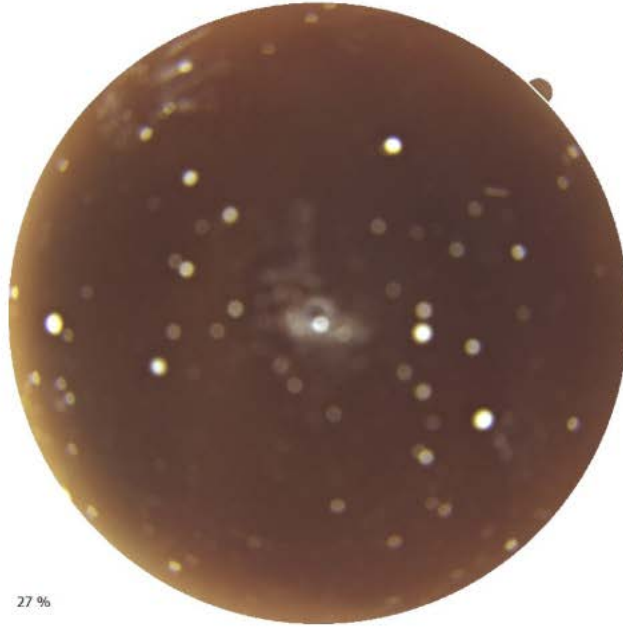
CENTRAL FUNDUS PHOTO | HIGH

PHOTO | BOTH EYES

24.03.2023 14:49:44

CENTRAL FUNDUS PHOTO | HIGH

L



27 %

Comments:



27 %

Comments:

OCT-A

Age: 9

Eye: Right

+ 373-22-000700

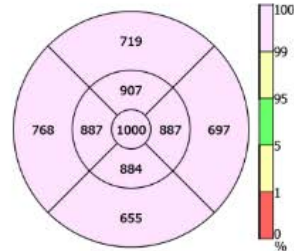
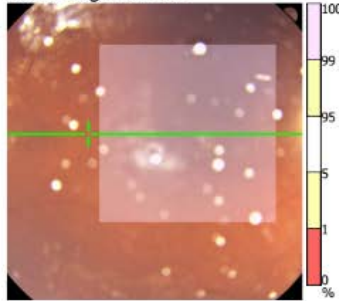
R

24.03.2023 14:52:34 QI: 6
3D 10x10 mm

RETINA | SINGLE

EDEMUL MACULAR CISTOID GIGANT

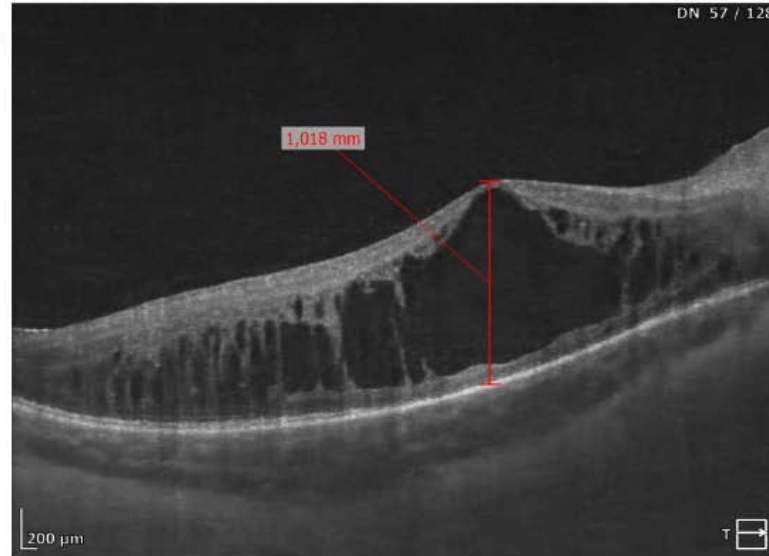
Retina significance



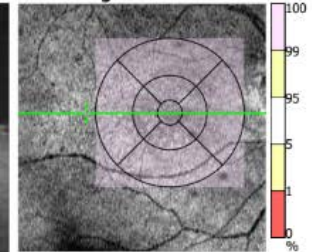
1/3/6 mm

Average

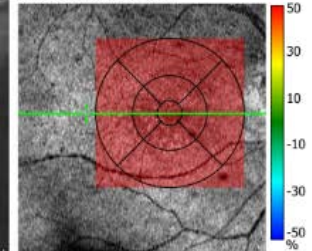
ILM - OS/RPE measurements	
Minimum in Fovea [μm]	965
Central sector [μm]	1000
Area thickness [μm]	758
Volume [mm ³]	21,43



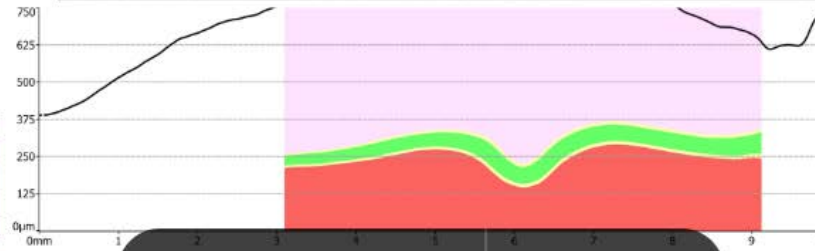
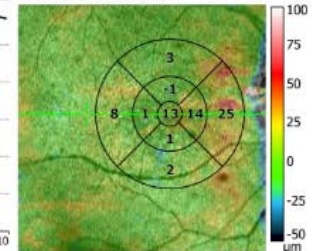
Retina significance



Retina deviation



RPE deformation



OCT-A

Age: 9

Eye: Left

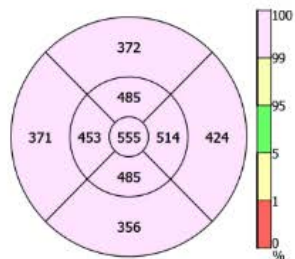
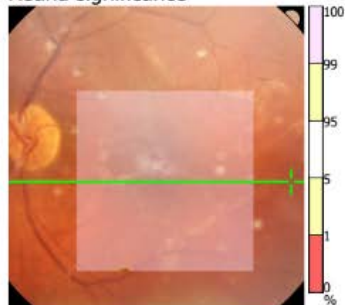
+ 373-22-000700

L 24.03.2023 14:47:26 QI: 7
3D 10x10 mm

RETINA | SINGLE

EDEMUL MACULAR CISTOID GIGANT

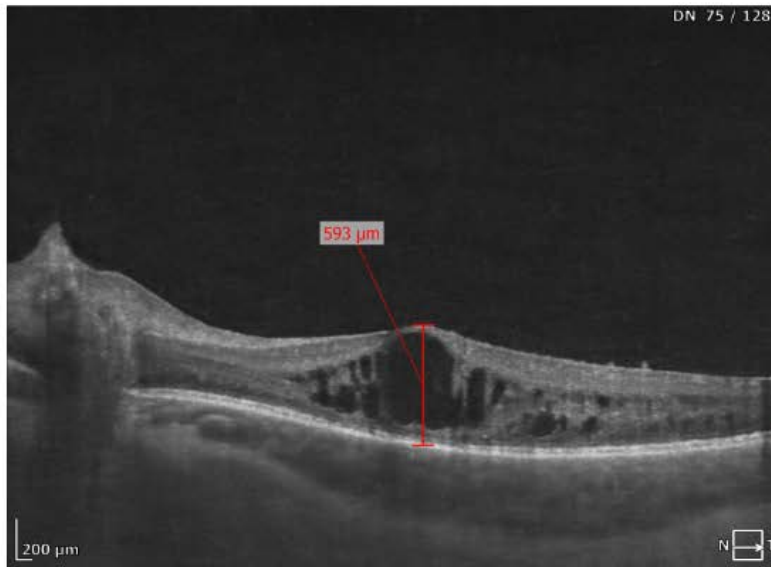
Retina significance



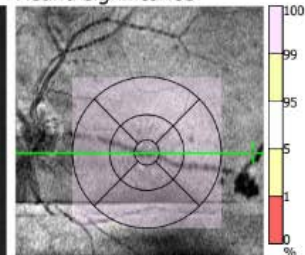
1/3/6 mm

Average

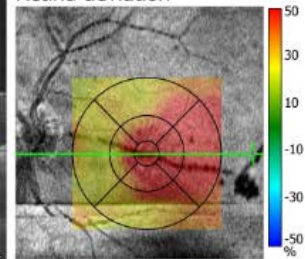
ILM - OS/RPE measurements	
Minimum in Fovea [μm]	521
Central sector [μm]	555
Area thickness [μm]	409
Volume [mm^3]	11,55



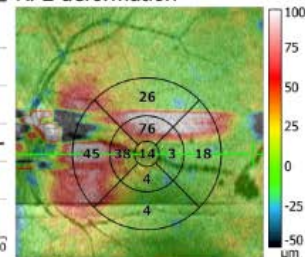
Retina significance



Retina deviation



RPE deformation



OCT-A

Age: 9

Eye: Both

www.ovoclinic.com
+ 373-22-000700

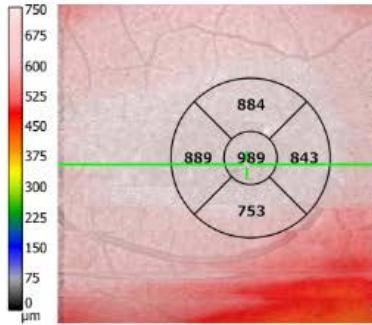
R 24.03.2023 14:54:15 QA: 7
Angio Wide 6x6 mm

RETINA ANGIO | BOTH EYES

QA: 6 24.03.2023 14:49:04
Angio Wide 6x6 mm

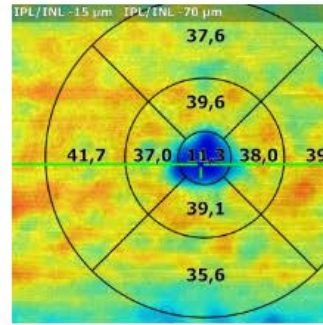
L

Retina thickness



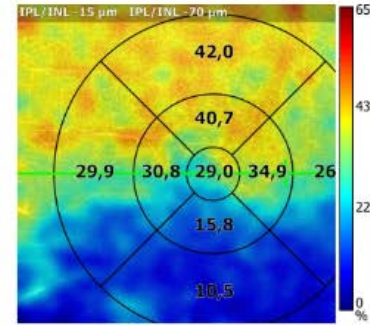
Deep

Density

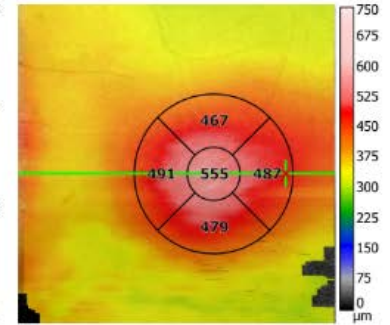


Deep

Density



Retina thickness

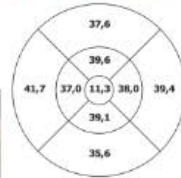
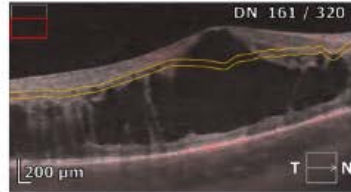


Top

IPL/INL -15 µm

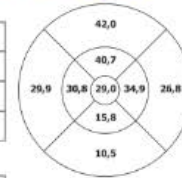
Bottom

IPL/INL -70 µm



FAZ

	Right	Left
Area [mm ²]	0,71	-
Perimeter [mm]	4,27	-
Circularity	0,47	-

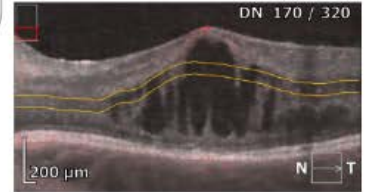


Top

IPL/INL -15 µm

Bottom

IPL/INL -70 µm

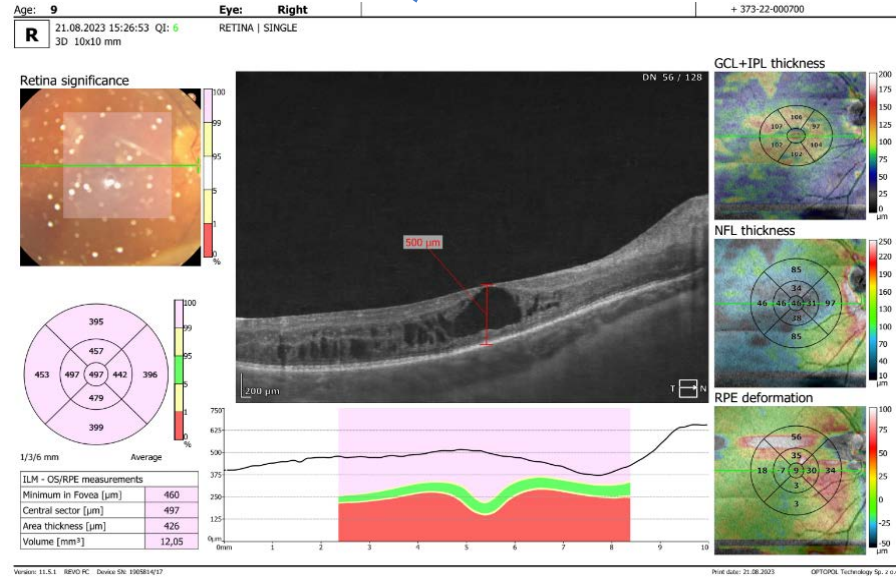
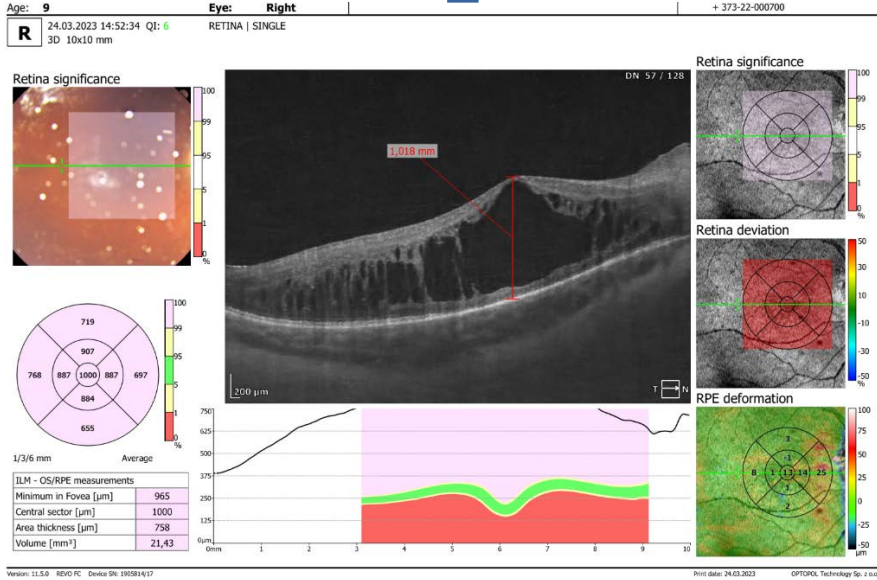


Density

	Right	Left
Total	37,4	29,4
Superior	38,1	40,3
Inferior	36,7	16,8
Central	11,3	29,0
Inner	38,4	30,5
Superior Inner	39,0	39,7
Inferior Inner	37,9	21,2
Outer	38,5	27,6
Superior Outer	38,7	40,2
Inferior Outer	38,3	14,5
ETDRS	37,7	28,3

DUPĂ TRATAMENT

Subtenon triamcinolone acetonide (Kenalog®)





• Diagnosticul clinic

Artrită juvenilă idiopatică, forma nediferențiată, cu complicații oculare, grad minim de activitate (DAS28-1.89), CF I, St Ro I.

OU Panuveita cronică în stadiu de remisie Secluzie pupilei. Destrucție moderată a corpului vitros.

Cataracta complicată. Opacifieri vitreene. OU Edem macular cistoid gigant.

OU Hipermetropie.

Caz clinic3



Pacient: Un băiat, 10 ani, Dc: AJI f. oligoarticulara, se prezinta pentru reevaluare.
Acuze la internare: cecitate OD, artralгии periodice meteodependente.



Istoricul bolii:

- Vârsta debutului: 4 ani
- Durata bolii: 6 ani
- Diagnostic inițial: Artrită juvenilă idiopatică oligoarticulară. Uveită la ochiul drept
- Complicații ale uveitei: Cataractă, fibroză a corpului vitros, decolare retinei
- Tratament: Glucocorticoizi sistemici și metotrexat
- Proceduri chirurgicale: Două intervenții chirurgicale



Starea curentă:

- Visus OD = 0
- Visus OS = 1,0

Date de laborator:

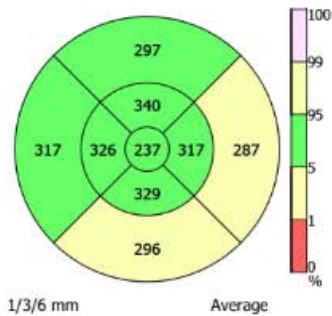
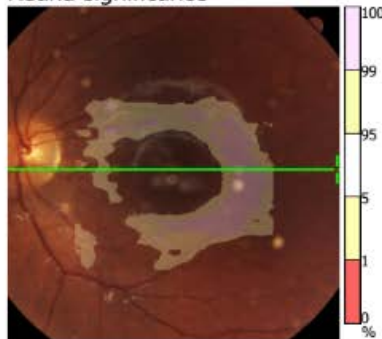
- VSH=10 mm/h
- PCR Negativă
- Anti-ANA: Negative
- Proteina S100: Normal
- Interleukina-8: Normal

L

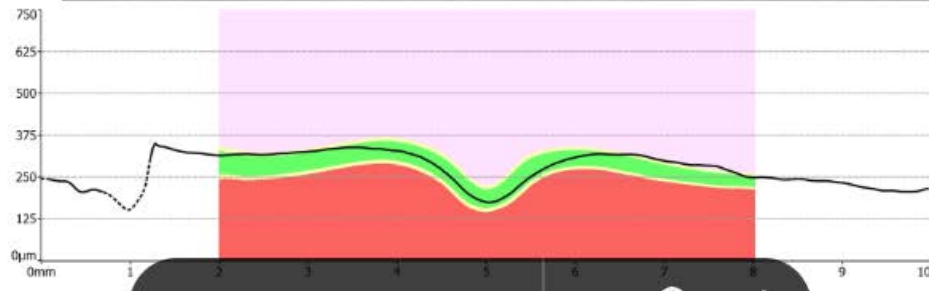
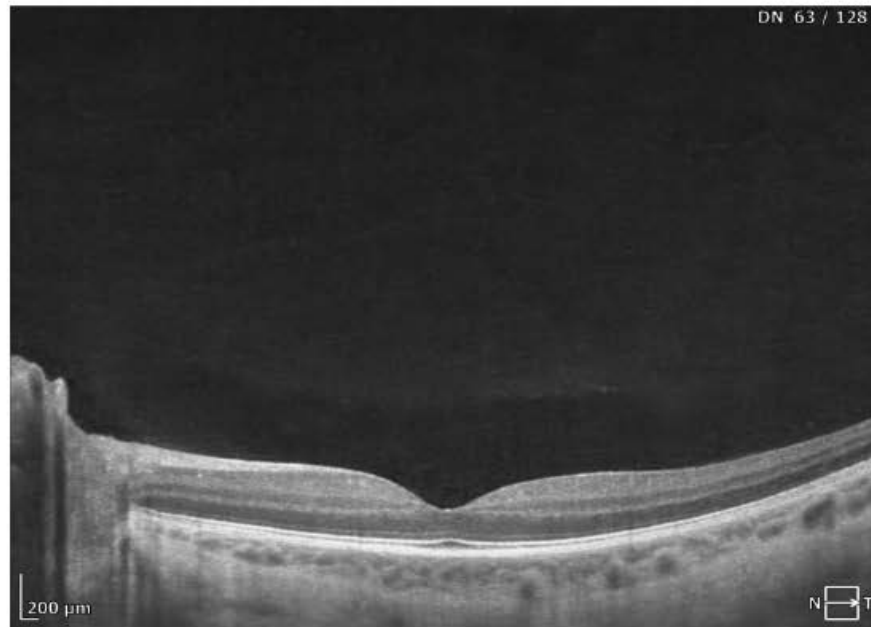
14.02.2023 13:22:15 QI: 10
3D 10x10 mm

RETINA | SINGLE

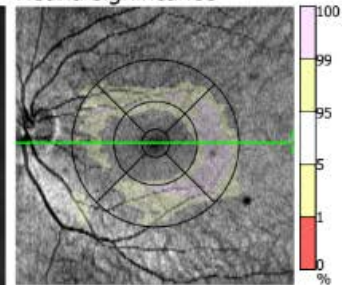
Retina significance



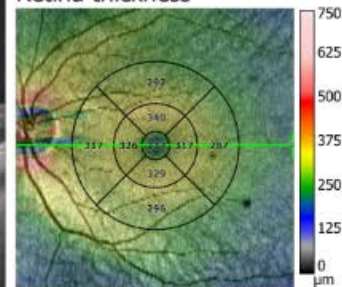
ILM - OS/RPE measurements	
Minimum in Fovea [μm]	184
Central sector [μm]	237
Area thickness [μm]	304
Volume [mm^3]	8,59



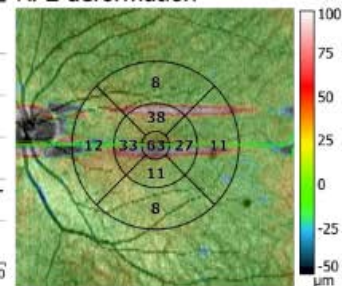
Retina significance

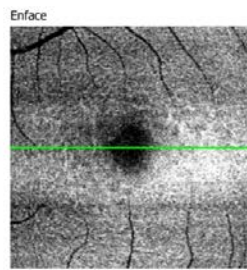
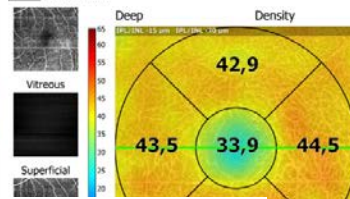


Retina thickness



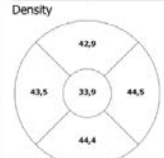
RPE deformation





FAZ

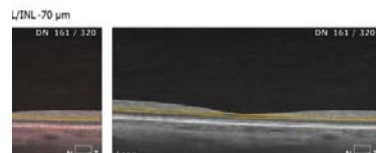
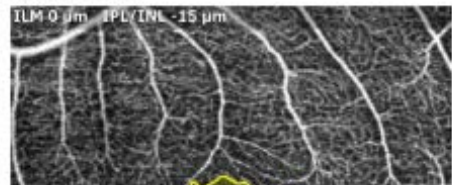
Area	0,27 mm ²
Radius	2,73 mm
Circularity	0,48



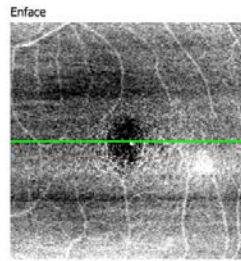
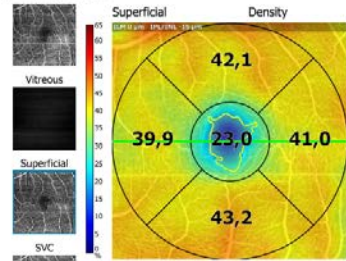
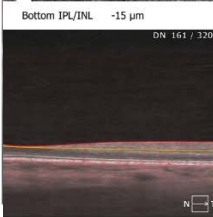
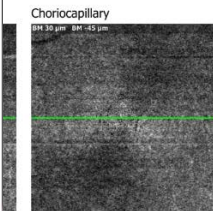
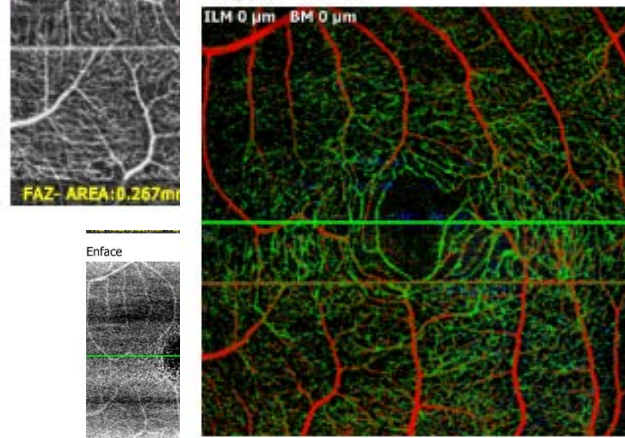
Density

Region	Density
Total	42,8
Superior	42,4
Inferior	43,2
Central	33,9
Inner	43,8
Superior Inner	43,3
Inferior Inner	44,3
Full	42,7

Superficial

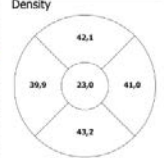


Depth coded



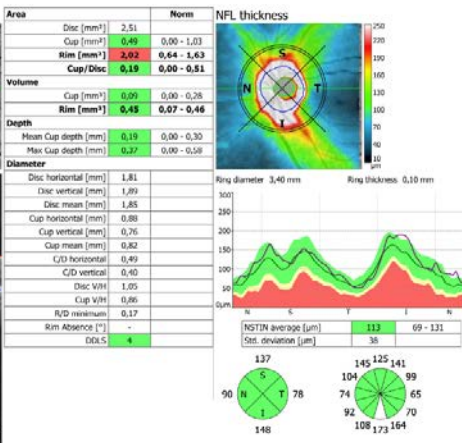
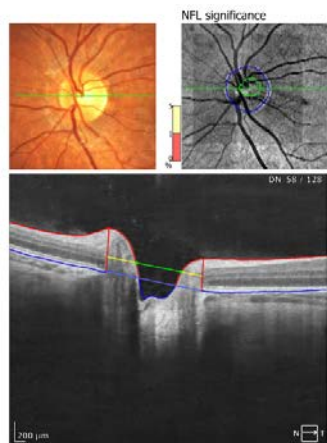
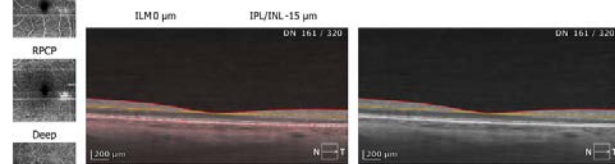
FAZ

Area	0,27 mm ²
Radius	2,73 mm
Circularity	0,48



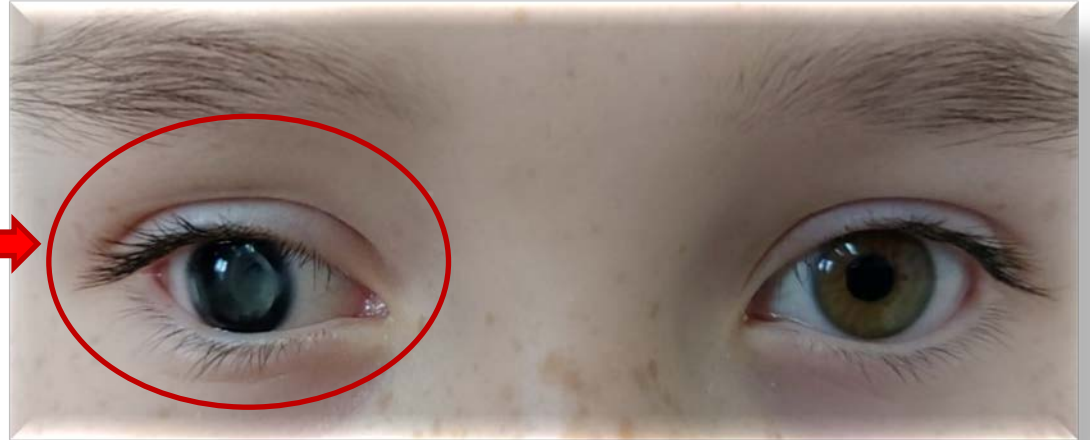
Density

Region	Density
Total	40,3
Superior	39,9
Inferior	41,0
Central	23,0
Inner	41,6
Superior Inner	41,3
Inferior Inner	42,0
Full	39,5

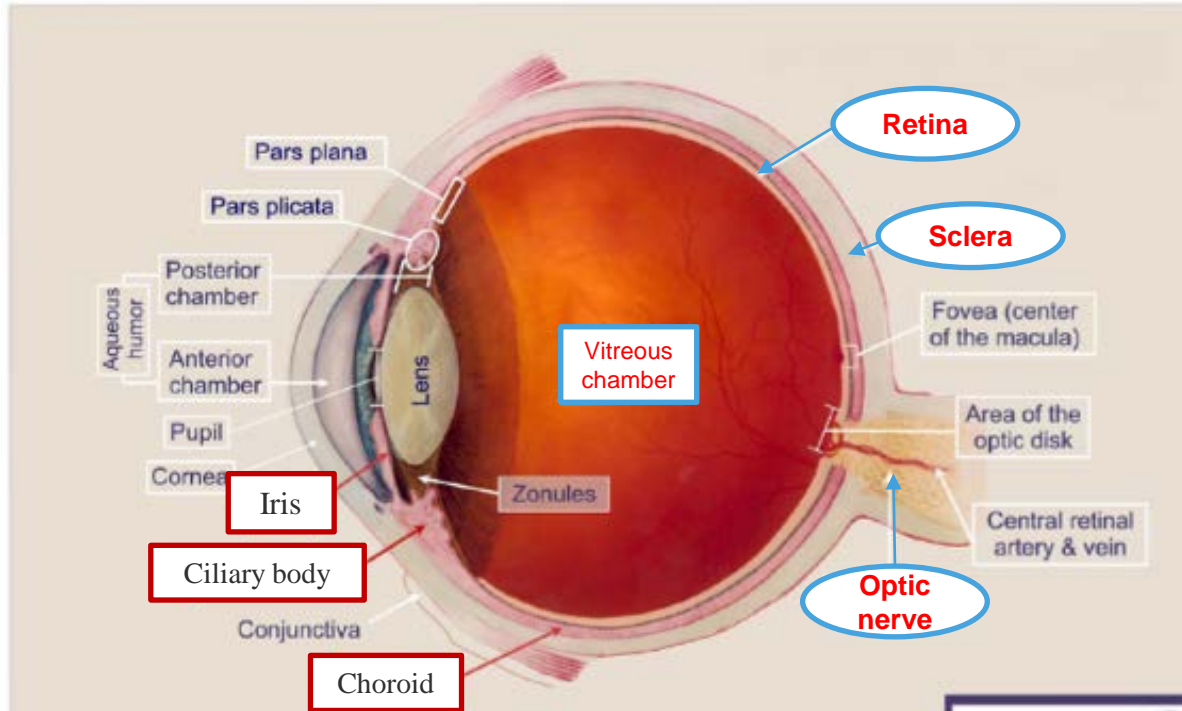


Caz clinic 3(cont.)

The development
of complete
blindness!!!



Uveita



Este a cincea cauză principală de orbire la nivel mondial, cu pierderea vederii cel mai adesea mediată de edem macular, glaucom și ischemie retiniană.

Factori de risc

Factori de risc pentru uveita cronică anterioară:

- Vârsta mică;
- Sexul feminin;
- Forma oligoarticulară;
- ANA pozitivi;

Factori de risc pentru uveita acută anterioară:

- Băieți cu HLA-B27 pozitiv
- Forma de artrită asociată cu entezită



**Congestie
conjunctivală**



**Durerea
oculară**



Fotofobie



Debut asimptomatic în AJI

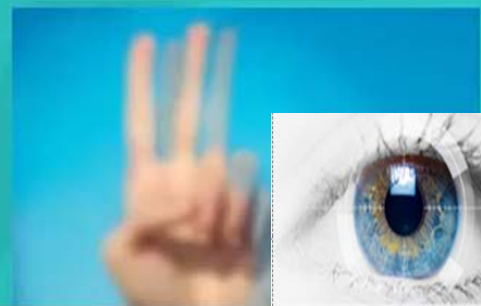
Vedere neclara



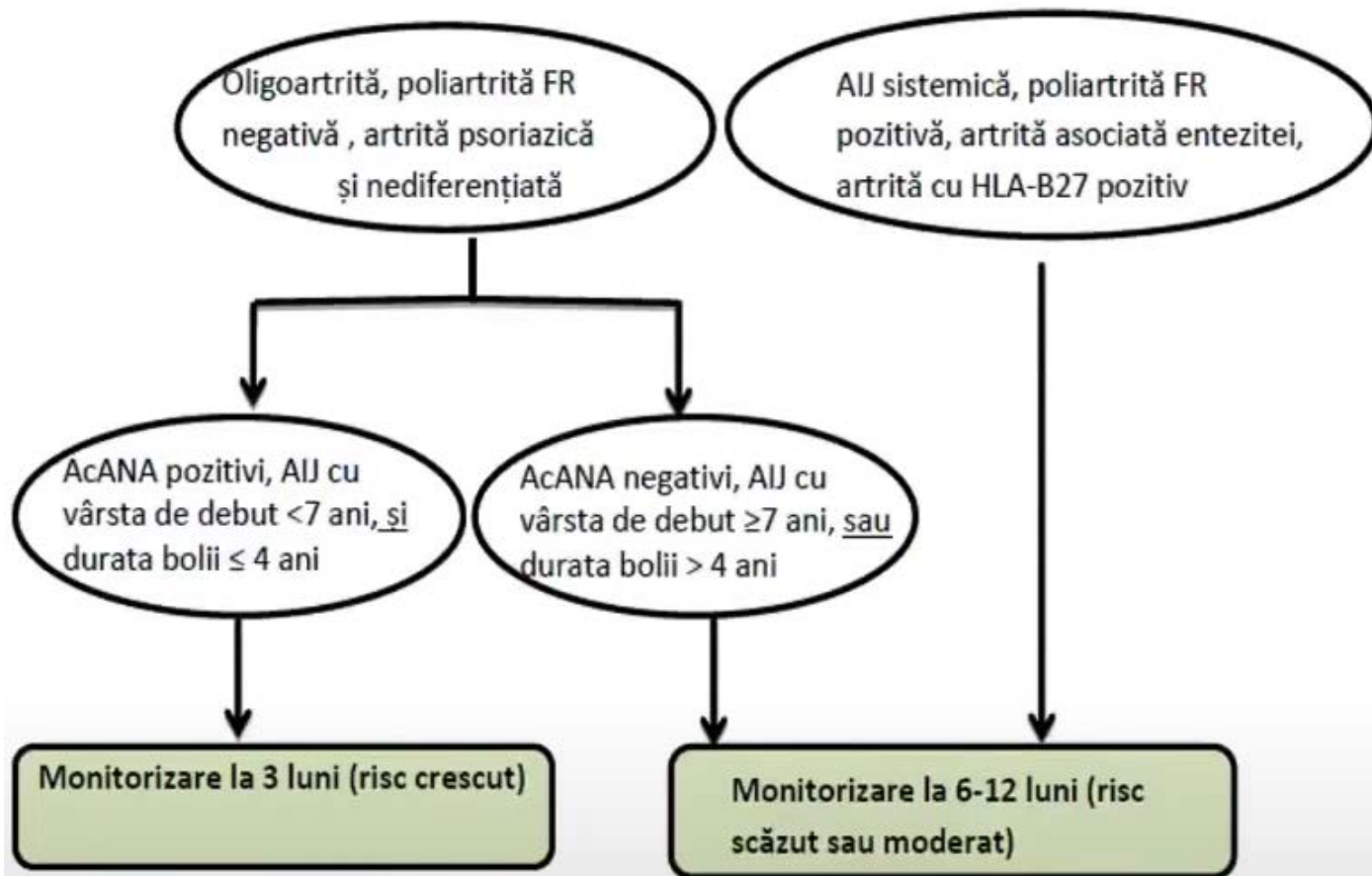
**Pete întunecate, plutitoare
în câmpul vizual
(plutitoare)**



**Scăderea acuității
vizuale**



Screening oftalmologic la pacienții cu AJI



Diagnostic

Biomicroscopia



Laser flare meter



OCT-A



Pediatric patient - JIA

❖ Systemic arthritis

❖ Oligoarthritis (persistent or extended)

❖ Polyarthritis RF-

❖ Polyarthritis RF+

❖ Psoriatic arthritis, other than psoriatic spondylitis

Lab biomarker: **ANA** and **RF**

INFLAMMATION MARKERS: ESR AND S100 PROTEINS

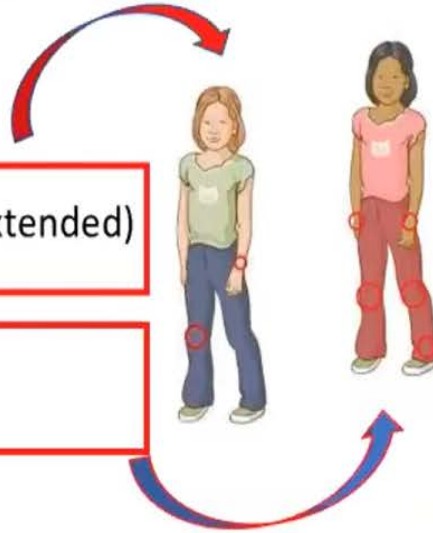


TABLE 3. Classification Criteria for Juvenile Idiopathic Arthritis–Associated Chronic Anterior Uveitis



Criteria

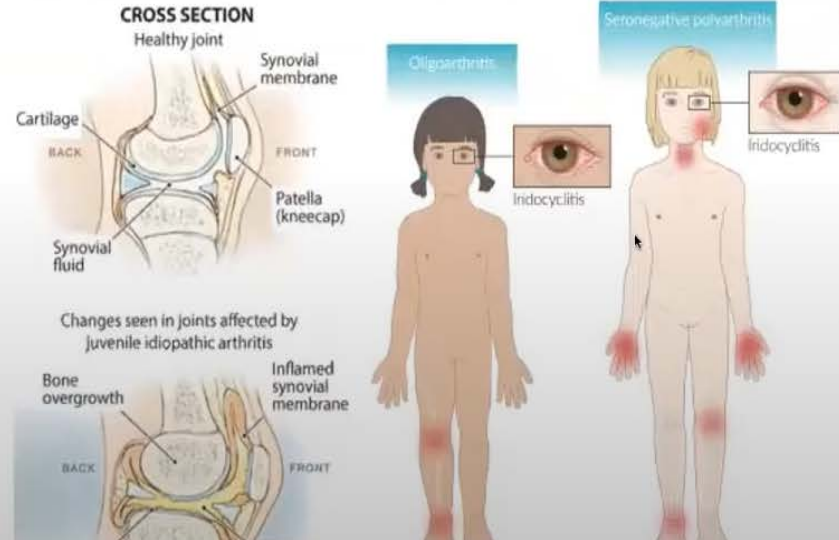
1. Evidence of anterior uveitis

a. anterior chamber cells

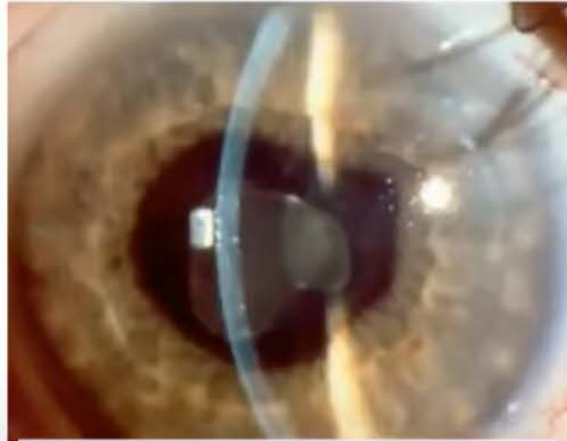
b. if anterior vitreous cells are present, severity is less than anterior chamber inflammation

AND

2. Chronic anterior uveitis or, if at initial diagnosis, uveitis is of insidious onset and asymptomatic / minimally symptomatic



- ❖ Systemic arthritis
- ❖ Oligoarthritis (persistent or extended)
- ❖ Polyarthritis RF-
- ❖ Polyarthritis RF+
- ❖ Psoriatic arthritis
- ❖ Enthesitis related
- ❖ Undifferentiated arthritis



Lab biomarker: HLA B27

Symptomatic flares are possible in Polyarthritis FR+ and jPsA

7 types of Juvenile Idiopathic Arthritis

Systemic JIA
Affects the whole body. Symptoms include high fevers, the child may feel very ill, appear pale, or develop a rash. The spleen and lymph nodes might become enlarged.

Oligoarthritis

- Polyarticular negative
- Polyarticular positive
- Psoriatic negative

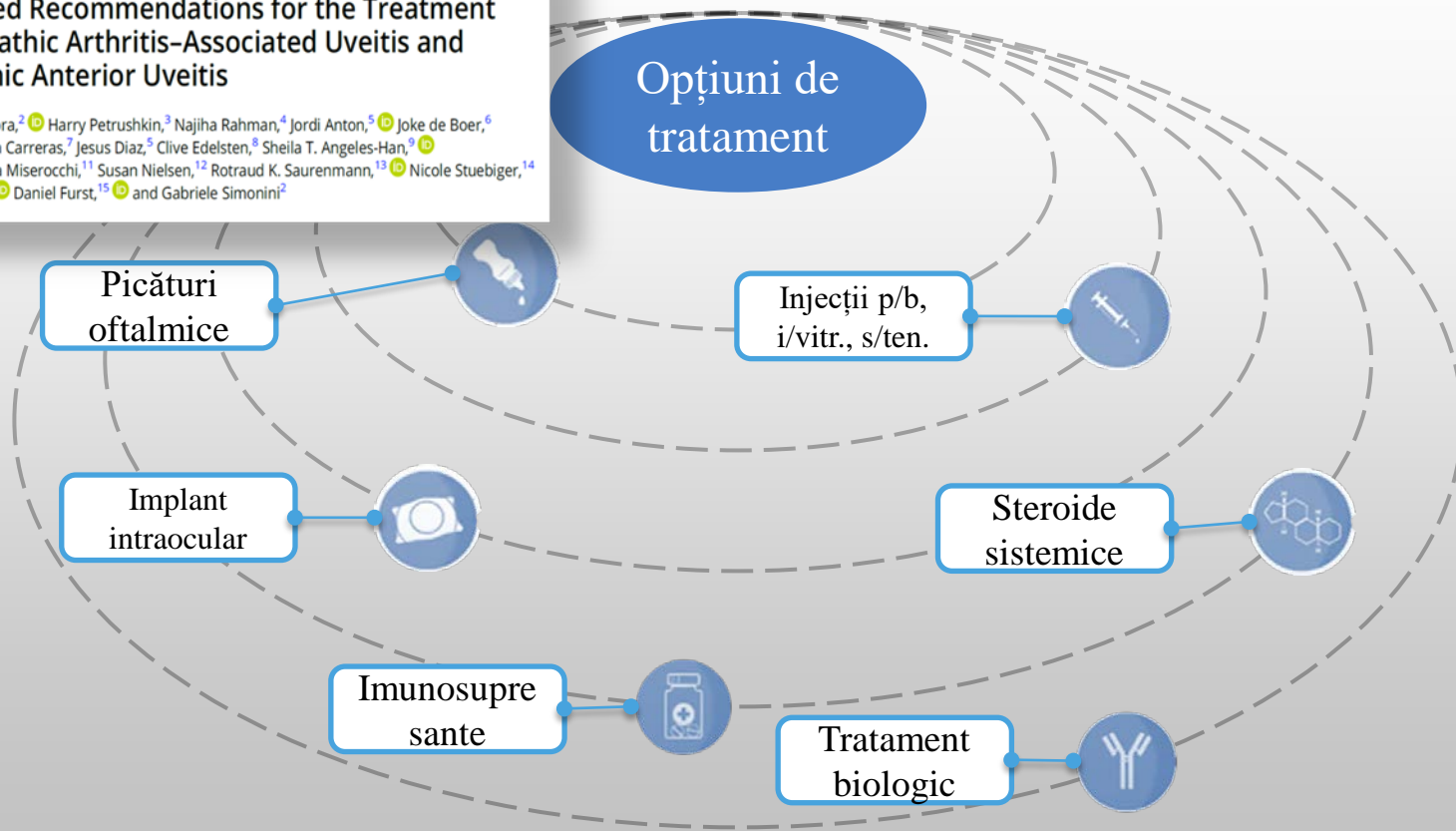
Enthesitis related
This type of arthritis often affects the legs and spine. Kids also might have inflammation at the entheses – areas where tendons join bones.

Undifferentiated
Arthritis that doesn't fit into any of the above categories or fits into more than one of the categories.

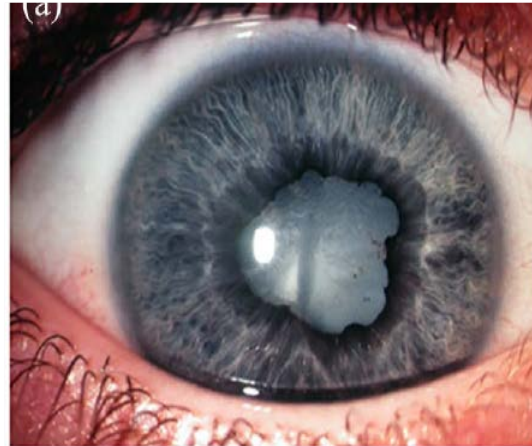
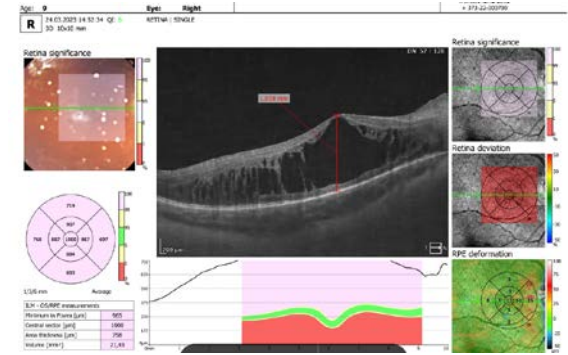
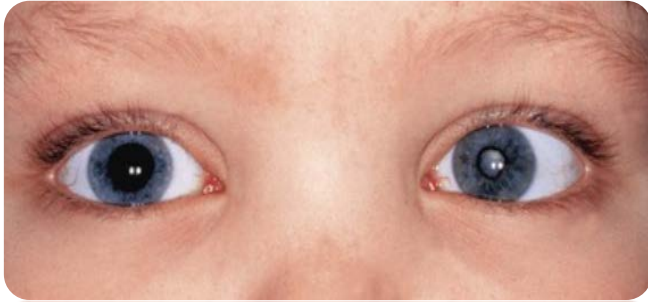
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New and Updated Recommendations for the Treatment of Juvenile Idiopathic Arthritis-Associated Uveitis and Idiopathic Chronic Anterior Uveitis

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Complicatiile uveitei



Concluzie



Datorită progresiei sindromului articular inflamator și implicarea aparatului ocular, AJI poate duce rapid un pacient la dizabilitate, inclusiv din cauza scăderii acuității vizuale, adesea până la cecitate completă, și la dezvoltarea diferitelor complicații care necesită intervenție chirurgicală.



Proces inflamator activ ocular și osteoarticular pot duce la o adaptare socială defectuasă cu limitarea game de activități profesionale.



Este important screeningul timpuriu a posibilelor implicari oculare în orice varianta a artritei juvenile idiopatice cu scopul prevenirii avansării complicațiilor și menținerea acuității vizuale pe termen lung.





Vă mulțumesc
pentru atenția
acordată!