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Resolution of Refractory Uveitis, Switching Anti-TNF Treatment

Resolución de uveíta refractaria, cambiando el tratamiento anti-TNF

Mr. Editor,

TNF-α plays a role in the induction and maintenance of inflammation in autoimmune disease, hence the TNF-α inhibitors are used successfully in the control of certain systemic diseases or autoimmune diseases, in which effectively blocking TNF-α constitutes one of the most important advances in recent years in the treatment of non-infectious uveitis.

The different anti-TNF-α agents do not have the same efficacy on ocular inflammation and 3 major questions remain to be resolved.

Fig. 1. Optical coherence (left) and retinal tomography (right) of the patient’s right eye at 7 months after treatment with infliximab (A) and 2 (B) and 4 (C) months after switching anti-TNF-α treatment to adalimumab.

Development of Pylomatrixoma After the Subcutaneous Injection of Methotrexate for the Treatment of Juvenile Idiopathic Arthritis

Desarrollo de pilomatrixoma tras la inyección subcutánea de metotrexato en el tratamiento de la artritis idiopática juvenil

To the Editor,

Pilomatrixoma (PM), pilomatrixoma or calcifying Malherbe’s epithelioma are benign skin tumors derived from the hair follicles. They usually occur in children and adolescents as a single tumor in the upper body and their etiology is unknown. In this regard, it has been described in association with multiple trauma and disease, with no clear causal relationship. We report the first case of a child diagnosed with juvenile idiopathic arthritis (JIA) who developed a PM in the puncture site of subcutaneous methotrexate administration and we review the literature in this regard.

The patient, a girl, was diagnosed in 2007 with JIA at 3 years of age due to the presence of idiopathic chronic monoarthritis and with her father presenting Psoriasis. She had been treated with local infiltration of corticosteroids on 2 occasions and then, due to the persistence of disease activity, was prescribed weekly subcutaneous methotrexate in 2008. Currently, the patient is 7 years old and is on weekly subcutaneous methotrexate (15 mg/0.3 ml), being clinically asymptomatic and performing a normal life. After the last administration of subcutaneous methotrexate she presented a nodular cystic lesion. The lesion was treated with local cold, without improvement. Subsequently, it increased in size and consistency, becoming harder and painful upon palpation. On examination she had a hard, subcutaneous injury and uneven surface on the lateral aspect of the left arm, about 2 cm in diameter, painful on palpation, not adhered to deep planes and covered with purplish skin. We conducted a consultation

References


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Please cite this article as: Alonso Pérez E, et al. Desarrollo de pilomatrixoma tras la inyección subcutánea de metotrexato en el tratamiento de la artritis idiopática juvenil. Reumatol Clin. 2012. http://dx.doi.org/10.1016/j.reuma.2012.05.009