«Διεπιστημονική προσέγγιση ασθενών με Σπονδυλαρθρίτιδα και Ιδιοπαθή Φλεγμονώδη Νοσήματα του Εντέρου στην καθημερινή κλινική πρακτική»

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Εντεροπαθητική αρθρίτιδα- Επιδημιολογία

Επιπολασμός φλεγμονώδους νόσου του εντέρου σε αξονική σπονδυλαρθοπάθεια

- 4-8% σε ασθενείς με πρωτοδιαγνωσθεία αξονική σπονδυλαρθροπάθεια

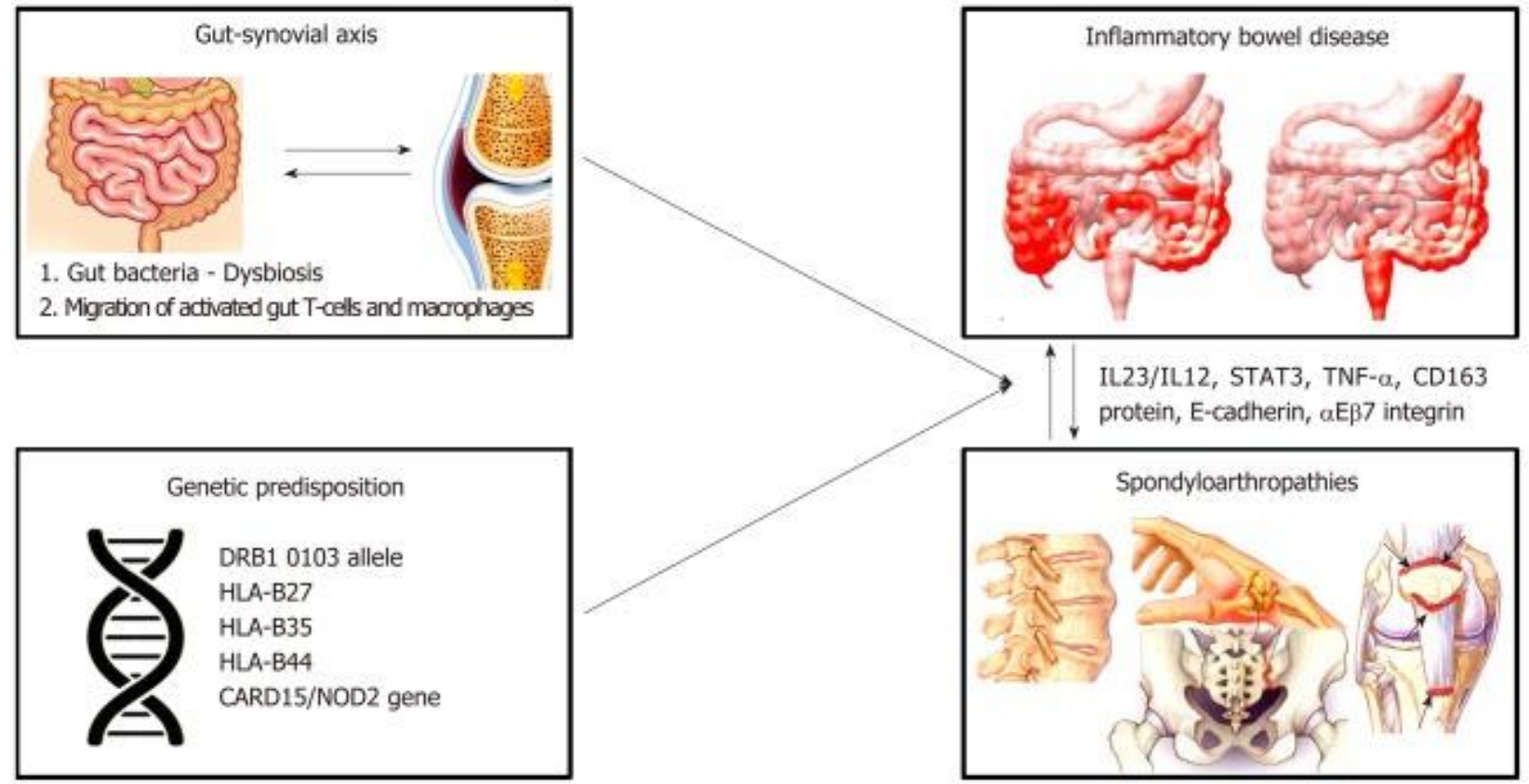
- 60% κλινικά σιωπηλή

Επιπολασμός σπονδυλαρθροπάθειας σε φλεγμονώδη νόσο του εντέρου

- 10-39%

World J Gastroenterol 2019 May 14; 25(18): 2162-2176

Εντεροπαθητική αρθρίτιδα- Παθογένεση



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Σημεία προς συζήτηση

1. Πότε πρέπει να παραπέμπεται ο ασθενής με οροαρνητική σπονδυλαρθρίτιδα στο γαστρεντερολόγο;
2. Πότε πρέπει να παραπέμπεται ο ασθενής με φλεγμονώδη νόσο του εντέρου στο ρευματολόγο;
3. Ποιες είναι οι ενδείξεις, αντενδείξεις και παρενέργειες των DMARDs;
4. Ποιες είναι οι ενδείξεις, αντενδείξεις και παρενέργειες των βιολογικών θεραπειών;

Red flags for IBD	Red flags for SpA
Chronic diarrhoea for more than 4 weeks	Back pain (for more than 3 months)
Abdominal pain for more than 3 months	Recurrent or chronic (more than 3 months) peripheral joint pain or swelling
Nocturnal diarrhoea or abdominal pain	Inflammatory spinal pain: age at onset younger than 40 years, insidious onset, improvement with exercise, not improvement with rest, pain at night
Rectal bleeding (not due to haemorrhoids)	Finger swelling (ie, dactylitis) ever
Perianal fistula or abscesses, recurrent oral aphthosis	Heel pain (ie, enthesitis) ever
Unexplained constitutional symptoms: weight loss, fever, anaemia	Family history of SpA*
Family history of IBD	

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ASAS classification criteria for axial spondyloarthritis (SpA)

In patients with ⩾3 months back pain and age at onset <45 years

Sacroiliitis on imaging* plus ⩾1 SpA feature#	or	HLA-B27 plus ⩾2 other SpA features#

#SpA features
- inflammatory back pain
- arthritis
- enthesitis (heel)
- uveitis
- dactylitis
- psoriasis
- Crohn's/colitis
- good response to NSAIDs
- family history for SpA
- HLA-B27
- elevated CRP

*Sacroiliitis on imaging
- active (acute) inflammation on MRI highly suggestive of sacroiliitis associated with SpA
- definite radiographic sacroiliitis according to mod NY criteria

Overview of the effects of drugs approved for the treatment of IBD and SpA across the main disease manifestations.

Drug	Crohn's Disease	Ulcerative colitis	Axial Disease, Enthesitis, Dactylitis	Peripheral Arthritis (PsA)
NSAIDs	Avoid in active disease	Avoid in active disease	+	+
Systemic Glucocorticoids	+	+	-	Lowest exposure possible
Sulfasalazine	+	+	-	+
Methotrexate	+	-	-	+
Leflunomide	-	-	-	+
Azathioprine	+	+	-	-
Infliximab Adalimumab	+	+	+	+
Golimumab	-	+	+	+
Certolizumab	+	-	+	+
Etanercept	-	-	+	+
Ustekinumab	+	+	Enthesitis & dactylitis only	+
Vedolizumab	+	+	-	-
Secukinumab Ixekizumab	Avoid	Avoid	+	+
Tofacitinib	-	+	+	+

Mediterranean journal of rheumatology vol. 33,Suppl 1 126-136.

	AxSpA & PsA	Crohn's disease	Ulcerative Colitis
Infliximab	Loading dosage 5 mg/kg at 0, 2, 6 weeks	Loading dosage 5 mg/kg at 0, 2, 6 weeks	
	Maintenance dosage 5mg/kg every 6-8 weeks (AxSpA) or 8 weeks (PsA)	Maintenance dosage 5mg/kg every 8 weeks	
Adalimumab	40 mg every 2 weeks	Loading dosage • 80 mg (week 0), 40mg (week 2) • 160 mg (week 0), 80mg (week 2)*	Loading dosage 160 mg (week 0), 80mg (week 2)
		Maintenance dosage • 40 mg every 2 weeks** • 80mg every 2 weeks or 40mg every week***	Maintenance dosage • 40 mg every 2 weeks** • 80mg every 2 weeks or 40mg/week***
Golimumab	• 50 mg every month • 100 mg every month, if body weight >100kg**		Loading dosage 200 mg (week 0), 100mg (week 2)
			Maintenance dosage • 50-100mg† every 4 weeks (EU label) • US 100mg every 4 weeks (US label)
Certolizumab pegol	Loading dosage 400mg at week 0, 2, 4	Loading dosage 400mg at week 0, 2, 4	
	Maintenance dosage 200 mg every 2 weeks	Maintenance dosage 200 mg every 2 weeks	
Ustekinumab	PsA only: • 45mg **sc** at weeks 0, 4, then every 12 weeks • 90mg **sc** at weeks 0, 4, then every 12 weeks, if body weight >100 kg	Loading dosage 6mg/kg **iv** (week 0), 90mg **sc** at week 8	
		• 90 mg every 8-12 weeks **sc** ‡ (EU label) • 90 mg every 8 weeks **sc** (US label)	
Tofacitinib	5 mg twice daily		Loading dosage 10 mg twice daily for 8-16 weeks¶
			Maintenance dosage 5-10 mg twice daily§

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Original article

Articular manifestations in patients with inflammatory bowel disease treated with vedolizumab

Anastasia Dupré[1], Michael Collins[2], Gaétane Nocturne[1], Franck Carbonnel[2], Xavier Mariette[1] and Raphaèle Seror[1]

- Μυοσκελετικές εκδηλώσεις σε 30% των ασθενών με IBD υπό θεραπεία με vedolizumab
- 50% φλεγμονώδους αιτιολογίας σε συσχέτιση με ενεργό νόσο
- Μικρό ποσοστό (2.7%) παράδοξων αρθραλγιών
- Πιθανή συσχέτιση αρθραλγιών με διακοπή αντί-TNF

Original article

Paradoxical arthritis occurring during anti-TNF in patients with inflammatory bowel disease: histological and immunological features of a complex synovitis

Stefano Alivernini,[1] Daniela Pugliese,[2] Barbara Tolusso,[1] Laura Bui,[3] Luca Petricca,[1] Luisa Guidi,[2] Luisa Mirone,[1] Gian Ludovico Rapaccini,[2] Francesco Federico,[3] Gianfranco Ferraccioli,[1] Alessandro Armuzzi,[2] Elisa Gremese[1]

- Ασθενείς με ΙΦΝΕ και παράδοξη αρθρίτιδα υπό αντι-TNF εμφανίζουν υποκλινική νόσο του εντέρου, παρά την ενδοσκοπική και κλινική ύφεση
- Ιστοπαθολογικά χαρακτηριστικά προσομοιάζοντα με ψωριασική αρθρίτιδα
- Επόμενα θεραπευτικά βήματα

- MTX/SSZ - IL-12/23