UDC 616.72 - 002 - 053

IDENTIFICATION OF THE RISK FACTOR FOR RELAPSES OF RHEUMATOID UVEITIS

Mirzayeva A.M.

Department of Ophthalmology
Andijan State Medical Institute

✓ ***Resume,***

A retrospective examination was performed, in which 247 medical histories of patients diagnosed with chronic uveitis aged 18-79 years were analyzed over three years.

Rheumatoid uveitis was diagnosed in 62 patients out of 247 studied. Of these, 22 are men (37.5%) and 40 are women (62.5%).

Many scientists around the world pay great attention to the study of risk factors for the development of rheumatoid uveitis. When identifying the risk factor for uveitis, attention was paid to the relationship of uveitis and arthritis, uveitis and psoriasis, the relationship of uveitis with gender, age of onset of arthritis and uveitis.

Based on these assumptions, we conducted a study of patients to identify a risk factor for relapses of rheumatoid uveitis.

Key words: rheumatoid uveitis, relapse, risk factors.

ВЫЯВЛЕНИЕ ФАКТОРА РИСКА РЕЦИДИВОВ РЕВМАТОИДНЫХ УВЕИТОВ

Мирзаева А.М.

Андижанский государственный медицинский институт

✓ ***Резюме,***

Произведено ретроспективное обследование, в котором за три года проанализированно 247 истории болезни пациентов с диагнозом хронический увеит в возрасте от 18-79 лет.

Ревматоидный увеит диагностирован у 62 больных из 247 исследуемых. Из них 22 мужчины (37,5%) и 40 у женщин (62,5%).

Многие учёные во всём мире уделяют большое внимание изучению факторов риска развития ревматоидного увеита. При выявлении фактора риска увеита уделяли на взаимосвязь увеита и артрита, увеита и псориаза, взаимосвязь увеита с полом, возрастом начала артрита и увеита.

На основании этих предпосылок нами проведено исследование больных для выявления фактора риска рецидивов ревматоидных увеитов.

Ключевые слова: ревматоидный увеит, рецидив, факторы риска.

РЕВМАТОИД УВЕИТНИ ҚАЙТА ТИКЛАШ УЧУН ХАВФ ОМИЛИНИ АНИҚЛАШ

Мирзаева А.М.

Андижон давлат тиббиёт институти

✓ ***Резюме,***

Ретроспектив текширув ўтказилди, унда 18-79 ёшли сурункали увеит билан касалланган беморларнинг 247 та касаллик тарихи уч йил давомида таҳлил қилинди.

Ревматоид увеит 247 чиқиб 62 бемор ўрганилди. Шундан 22 таси еркаклар (37.5%) ва 40 таси аёллар (62.5%).

Дунёнинг кўплаб олимлари ревматоид увеит ривожланиши учун хавф омилларини ўрганишга катта эътибор беришади. Увеит учун хавф омилини аниқлашда увеит ва артрит, увеит ва псориаз муносабатларига, увеитнинг жинси билан муносабатларига, артрит ва увеитнинг бошланиш ёшига эътибор қаратилди.

Ушбу тахминларга асосланиб, биз ревматоид увеитни қайта тиклаш учун хавф омилини аниқлаш учун беморларни ўргандик.

Калит сўзлар: ревматоид увеит, релаксация, хавф омиллари.

Relevance

In modern ophthalmology, uveitis refers to various types of intraocular inflammation - from iritis to chorioretinitis. Generalized inflammation is called panuveitis[5].

The eye is reliably protected by immunity from the occurrence of infectious uveitis, but the components of the immune system themselves can provoke an inflammatory process. Its memory cells remain in the eye long enough to cause a recurrence of intraocular inflammation at the next meeting with the pathogen[2].

In addition, the immune system is also activated by molecular mimicry - the masking of some microorganisms under their own cells of the human body. This feature is possessed by chlamydia, klebsiella, yersinia. The influence of external factors can also trigger pathological autoimmune reactions affecting organs and systems[3].

Despite the wide range of results of various studies, the problems of diagnosis, treatment and prevention of inflammatory diseases of the vascular tract of the eye remain relevant today [4]. A variety of etiological factors, a wide prevalence, a relapsing nature, the defeat of mainly young and able-bodied people, high rates of disability determine the expediency of a detailed extended study of this problem [1].

In developed countries, the number of cases of uveitis annually amounts to 15-38 people per 100 thousand population [5]. With a specific weight in the structure of eye pathology of 5-15%, uveitis on average from 15 to 35% of cases are the cause of blindness and visual impairment [3]. Despite the improvement of modern laboratory and instrumental diagnostic methods, on average, according to various data, in 35-40% of cases, the cause of uveitis remains unclear [5].

Immunological response disorders are of great importance in the pathogenesis of uveitis [4]. Many features of this complex biomechanism have not yet been clarified. In modern domestic and foreign literature, a large number of results of ophthalmoimmunological studies are a guideline for continuing the study of the immunopathogenesis of uveitis and the development of a specific therapeutic and diagnostic algorithm [2].

In this regard, it seemed interesting to us to conduct a prospective randomized study of patients with uveitis over a 2-year period with an analysis of the frequency of etiological, age, sexual, anatomical, clinical and other factors, taking into account the results of immunological examination.

Rheumatoid uveitis is considered as an extra-articular manifestation of JIA. In most cases, rheumatoid uveitis is bilateral in nature, and with a unilateral process, its progression with damage to the contralateral eye is often noted during the first 12 months. from the manifestation of the JIA articular syndrome [1].

Early diagnosis and timely initiation of uveitis therapy, both topical and as part of anti-rheumatic therapy, will reduce the frequency of blindness in patients with JIA, as well as reduce the burden of disability for the patient, his family and the state.

Risk factors for uveitis in JIA:

- early start, up to 6-7 years ;
- increase of ESR;
- positive antinuclear antibodies ;
- oligoarticular variant.

The main clinical task in the management of a patient with JIA and eye damage is the suppression of inflammatory activity, both joint syndrome and uveitis.

Most modern anti-rheumatic drugs are effective not only in relation to the activity of the joint syndrome, but also have an effect on the activity of uveitis [4]. At the same time, even modern biological highly effective drugs do not always prevent the development of the so-called de novo uveitis.

Uveitis in juvenile idiopathic arthritis (JIA) is one of the most difficult problems of pediatric ophthalmology. The frequency of uveitis in JIA varies from 6 to 18%, and according to a number of authors reaches 30%. In the structure of childhood uveitis, the proportion of uveitis in JIA is 75% [1]. Uveitis has a severe course with the development of complications, which account for up to 40% of cases and can lead to a decrease in visual acuity and blindness in the absence of timely treatment [3].

The most debatable questions remain about the causes of the development of the inflammatory process in the vascular membrane of the eye in JIA. Scattered publications on the study of uveitis at JIA in different countries of the world provide information about various risk factors for the development of uveitis. Among the risk factors, a special role is assigned to arthritis itself, its subtypes, the time of the onset of arthritis, seropositivity for the antinuclear factor, but there is no consensus today. [2].

The purpose of the study. The aim of the work was to determine the identification of risk factors for relapses of rheumatoid uveitis.

Material and methods of research

For the period from 2017-2019, 247 medical histories of patients undergoing examination and treatment at the eye clinic of ASMI were analyzed. The age ranged from 18-79 years.

All patients underwent standard ophthalmological examination: visometry, biomicroscopy, fundus examination with the maximum possible mydriasis, electrophysiological examination of the retina.

Each patient was consulted by a rheumatologist and additional clinical and laboratory examination: general clinical blood analysis, determination of ESR, general urine analysis, biochemical blood analysis: determination of the level of bilirubin, AST, ALT, urea, creatinine and immunological determination of rheumatoid factor, C-reactive protein and cytokines. Joint radiography was performed in the presence of complaints.

To exclude another cause of the disease, an ELISA examination was conducted simultaneously for herpes virus infection, cytomegalovirus, chlamydia, toxoplasmosis, tuberculosis infections.

Results and discussion

Based on a clinical ophthalmological examination, 62 patients (25.1%) were diagnosed with rheumatoid uveitis, which correlates with the data of European and American researchers [5]. Uveitis developed in 22 men (37.5%) and 40 women (62.5%).

The interval between the onset of articular syndrome and uveitis may be different. Most often, joints are involved in the inflammatory process, and eye disease develops in the first 3-5 years from the onset of arthritis [1,2,4]. In 5%-25% of patients, uveitis may precede a systemic disease, which makes it very difficult to diagnose the rheumatoid process. Female persons are more likely to suffer from eye disease with articular form. Systemic pathology and uveitis are more often affected by males.

The study of the life history of patients revealed the presence of chronic intrauterine fetal hypoxia and toxicosis of the first half of pregnancy in 74% of cases. These factors can be considered as risk factors for the formation of various chronic pathologies. The history of uveitis was not burdened in any case. The risk factors should include a genetic-hereditary factor. Scientists in their works published the results of a retrospective study of a series of clinical cases, where the effects of possible genetic factors in the etiology of the disease are considered [5].

Among the risk factors for the development of uveitis, much attention is currently being paid to the role of cytokines [2]. Cytokines are close-acting mediators that cause local interactions of cells in the foci of the development of processes in tissues. Different cytokines can cause externally identical cell reactions, but each cytokine induces different biological effects in different cells. Possible risk factors were given special attention to allergies as an additional risk factor for the development of an autoimmune process.

Conclusion

The frequency of rheumatoid uveitis was 25.1%. Uveitis in the articular variant was more often suffered by women, with the systemic variant an equal sex ratio.

The risk factors for the development of rheumatoid uveitis should include genetic and hereditary nature, the presence of intrauterine fetal hypoxia and pregnancy toxicosis. An important value is a violation in the cytokine system associated with the risk of developing uveitis. A possible additional risk factor for the development of an autoimmune process is allergic processes in the body.

LIST OF REFERENCES:

1. Katargina, L.A. Endogenous uveitis in children and adolescents / L.A. Katargina, A.V. Khvatova. - Moscow : Medicine, 2000– - 319 p.
2. Salugina, O.S. Rheumatic diseases and eye lesions in children / O.S. Salugina, L.A. Katargina, A.V. Starikova // Nauch.-prakt. rheumatology. - 2004. - No. 1. - pp. 78-81.
3. Greiner, K. The role of cytokines for the diagnosis of uveitis / K. Greiner, R. Amer // Wedge Mont Blanc Augenheilkd. - 2008. - Vol. 225, No. 6. - pp. 564-569.
4. Skarin, A. Stigmar Long-term follow-up of patients with uveitis associated with juvenile idiopathic arthritis: a cohort study / A. Skarin, R. Elbrorg, E. Bengtsson-Stigmar // Ocular immunology and inflammation. - 2009. - Vol.17, No. 2. - pp. 104-108.
5. Julian K. Uveitis associated with juvenile idiopathic arthritis: family cases and possible genetic influence on pathogenesis / K. Julian, S. Terrada, P. Quartier [et al.] // Ocular immunol. Inflammation. - 2010. - Vol.18, No. 3. - pp. 172-177.

Entered 09.09.2021