

RITUXIMAB IN PATIENTS WITH TUBERCULOSIS DISSEMINATE AND LATENT: FOLLOW UP 3 YEARS.

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BACKGROUND

Rheumatoid arthritis (RA) patients have higher risk for infections, such as tuberculosis, in some cases of active TB are due to reactivation of latent TB infection (LTBI) and have been described more commonly in the early phase of treatment with anti-TNF α agents, due to mechanisms of action. In several studies with Rituximab in RA was not associated with an increased rate of serious infection.

Objectives: We report 3 cases of patients with RA and latent tuberculosis (TB) infection or TB disseminated, they received Rituximab and follow-up 3 years.

METHODS

Description cases with RA latent tuberculosis (TB) infection or TB disseminated of Clinica de Artritis y Rehabilitación, in treatment with Rituximab.

RESULTS

Case 1: 40 year old man, with RA 8 years ago, received treatment with chloroquine, sulfasalazine, penicillamine, gold and prednisolona. In 2002, he presented TB disseminates, received treatment for 9 m. In the last 4 years he don't responder to treatment with DMARDs, DAS 28: 8.81. Rheumatoid Factor: 64 UI, erythrocyte sedimentation rate (ESR) 87 mm/ h, C reactive protein (CRP) 121mg/l (NV: 5). ANA negative. Chest X-rays: calcified nodular densities and fibrosis upper lung zones. He received Rituximab (2 x 1000mg infusions given 2 weeks apart) in combination with leflunomide and prednisolona. At present DAS 28: 2.63. It has not received new dose in 3 years. No infections.

Case 2: 61 year old woman, with RA disease duration: 7 years and Diabetes Mellitus. She had received penicillamine, chloroquine, sulfasalazine and prednisolone, without improvement. Laboratory tests showed ESR 20 mm/ h, CRP 14mg/l. Rheumatoid factor 449 UI/l. PPD 23 mm. ANA negative. Chest x-ray: parahilar adenopathy calcified. In sputum smear-negative pulmonary tuberculosis (PTB), reason she had received prophylactic therapy with isoniazide for 9 m. 4 m after, DAS 28. She received 1 course of Rituximab with methotrexate, and 2 course 9 m after. At present no infection. At present DAS 28: 3.26.

Case 3: 46 year old man, with diagnostic RA since 5 years ago, received treatment with Gold and cyclosporine, because he had ALT 60, AST 110 (NV 10-41), GGT 204 (NV 12.5 – 54), CRP: Rheumatoid Factor: 512 UI, ESR 7 mm/ h, CRP 6 mg/l (NV: 5). ANA negative. PPD 20 mm. Chest X-rays: Normal. Liver biopsy: chronic inflammation, no cirrosis, no hepatitis B or C. Don't received isoniazide for involvement hepatic. In this moment he doesn't improvement, DAS 28: 5.65. He received Rituximab 1 course (3 years ago) with penicillamine, with improvement. Last DAS 28: 0.49. No infection.

CONCLUSION

In these patients, Rituximab showed a good profile of security without reactivation TB in follow up 3 years. In the future, additional studies will be needed to determine the safety of Rituximab and the optimal time for the administration during the TB treatment or in patients with latent TB.