





BIOLOGICAL THERAPY ON RHEUMATOID VASCULITIS: A SYSTEMATIC REVIEW

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BACKGROUND

Rheumatoid vasculitis (RV) is one of the most severe extra-articular manifestations of rheumatoid arthritis (RA). RV affects a subset of patients with established RA (approximately 2 to 5%). The morbidity and mortality of rheumatoid vasculitis are significant. Studies have shown that the 5-year mortality rate is 30% to 50% with high morbidities. For the treatment of mild rheumatoid vasculitis (affecting the skin and nerves) is typically treated with prednisone and methotrexate or azathioprine. Cases that are more serious may require treatment with higher-dose steroids and cyclophosphamide or biological agents. Aim: To describe the use of biological agents in the treatment of rheumatoid vasculitis, as well as to compare the efficacy and safety between these drugs.

MATERIALS AND METHODS

A systematic review of the literature from 1987 to 2018 in the MEDLINE, SCIELO, LILACS, BVS, Cochrane and Scopus databases, using the descriptors "Rheumatoid Vasculitis", "Biological Therapy", "Anakinra", "Rituximab", "Abatacept", "Tocilizumabe", "Tofacitinib", "Etanercept", "Infliximab", "Adamilumab", "Certolizumab", "Golimumab, and excluding other reviews, case reports, studies that did have patients younger than 18 years and that specify other rheumatologic diseases including primary vasculitis or patients with vasculitis associated with anti–TNF- α therapy.

RESULTS

In total 4513 articles were found, of which 23 were initially selected. After applying the exclusion criteria, the following were excluded: 12 reviews; two chapters of books; one French language; one scientific summary, and one did not bring enough data about the study patients, so that 6 articles remained for final analysis. In total, 37 patients participated in the studies, of whom 21 (56,75%) used Rituximab 1000mg ever 2 weeks; 9 (24,32%) used Infliximab 5mg / kg at weeks 0, 2, 6 e 8; 3 (8,10%) used Infliximab 3mg / kg at weeks 0, 2, 6 e 8; 2 (5,40%) used Tocilizumab Subcutaneous 162mg once a week, and 2 (5,40%) used Etanercept Subcutaneous use 25mg twice a week. In this set of 37 patients (participated in the studies), three deaths occurred: one due to complications of vascular surgery for correction of aneurysm and two due to sepsis. The adverse events observed in these patients were infections in four patients and esophageal candidiasis in one patient.

CONCLUSION

In summary, This Systematic Review study presented that Biological drugs have been shown to be effective in vasculitis rheumatoid. However, further studies are necessary to better define the role of biological drugs in rheumatoid vasculitis, as well as explaining their indications, contraindications and recommendations for their use under these conditions.