

## LONG TERM EFFICACY AND SAFETY OF ADALIMUMAB IN JUVENILE IDIOPATHIC ARTHRITIS (JIA) ASSOCIATED UVEITIS

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In the last decade, tumor necrosis factor- $\alpha$  (TNF- $\alpha$ ) inhibitors have shown excellent control of ocular inflammation in juvenile idiopathic arthritis (JIA)-associated uveitis. We have retrospectively evaluated the long-term efficacy and safety of adalimumab in 19 biologically naïve patients with JIA-associated uveitis from our biologic registry. Demographic data and blood samples were collected at different time points. Uveitis activity was evaluated by slit-lamp biomicroscopy. Adverse events were recorded.

The registry records provided a ten-year follow-up of 11 (57.90%) female patients diagnosed with oligo/extended oligoarticular JIA-associated uveitis and 8 (42.10%) males diagnosed with enthesitis-related arthritis (ERA) with uveitis. Adalimumab was the first biologic prescribed to JIA patients with active uveitis that failed to respond to standard treatment. A ten-year long follow-up period has shown that there were no new relapses of uveitis while patients were receiving adalimumab and metotrexate. All of our patients after adalimumab introduction were able to gradually taper and stop treatment with topical steroids. Thirty-six point eighty-four percent of our patients were able to stop biological treatment 36 months after adalimumab commencing. Uveitis has relapsed three months after the adalimumab discontinuation only in two patients (10.53%). No serious adverse events were recorded. Thirty-one point fifty-eight percent of patients experienced minor adverse events.

During a long-term follow-up, adalimumab showed good efficacy and safety profile in JIA patients with active inflammatory ocular disease.

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