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Letter to the editor

Efficacy and safety of intra and periarticular corticosteroids injections in treatment of lupus arthritis

Eficácia e segurança das infiltrações intra e periarticulares no tratamento da artrite no lúpus

Dear Editor,

Arthritis in systemic lupus erythematosus (SLE) is one of the most common disease manifestations.¹ In daily clinical practice, intra and periarticular corticosteroid injections are frequently used as they provide rapid reduction of symptoms in clinically inflamed joints.²⁻³

Although no studies to prove their efficacy and safety, the intra and periarticular corticosteroids may also be helpful in the management of lupus arthritis. The aim of the letter is to assess the efficacy and safety of intra and periarticular corticosteroids injection in treatment of arthritis on patients with SLE.

Retrospective analysis of medical records of all patients with an SLE diagnosis observed in our department, with recording of demographic data, clinical data and therapeutic interventions and their results. All patients included fulfill ACR criteria.

We studied 94 patients, 91 female (96.8 %) and 3 male (3.2%), with a mean age of 30 ± 12 years at time of the diagnosis and 40 ± 12 years in follow-up.

Sixty-three patients (67%) had articular involvement. Of these 49% (n = 31) underwent intra and/or periarticular corticosteroids injection.

Sixty-five intra and/or periarticular corticosteroids injections were carried out on 31 patients.

Treatments were unguided before 2009, after that they were performed mostly under ultrasound guidance. On average, 2.1 procedures were carried out per patient. The most frequent local treatments were intraarticular injections (n = 54) usually with triamcinolone hexacetonide (dose depended on the treated joint). Knees (n = 23), wrists (n = 15) and proximal interphalangeal joints (n = 11) were the most frequent treated joints. The periarticular corticosteroid injections were always performed with metil-

prednisolone and the most common injection was in the extensor tendon sheath of the wrist. A single treatment injection was sufficient to control symptoms in 29 patients. There were no complications observed.

Effective control of arthritis with the local treatment precluded the need for oral corticoids in the majority of patients. Methotrexate was used in 13 of 63 patients (21%) to further control arthritis.

In our experience the local treatments with steroids are effective and safe for treatment of lupus arthritis as for rheumatoid arthritis, and may be used as first-line therapy.

Effective control of arthritis with this local treatment may also preclude the need for systemic corticosteroids, with their consequent adverse effects.

Conflicts of interest

The authors declare no conflicts of interest.

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