Axial spondyloarthropathy and uveitis: a collaborative project to reduce diagnostic delay.

Dr Ameen Jubber-Consultant Rheumatologist, University Hospitals of Leicester
Dr Sujata Ganguly-Rheumatology Registrar, University Hospitals of Leicester
Jessy Sabu-Rheumatology Nurse Specialist, University Hospitals of Leicester
Carol Betteridge-Uveitis Nurse Specialist, University Hospitals of Leicester
Mr Periyasamy Kumar-Consultant Ophthalmologist, University Hospitals of Leicester
Dr Arumugam Moorthy-Consultant Rheumatologist, University Hospitals of Leicester & Hon associate professor, University of Leicester

Axial SpA works silently. We don't.

BACKGROUND

- The time from symptom onset to diagnosis of axial SpA in the UK is 8.5 years [NASS].
- Previous studies show that half of patients with anterior uveitis are HLA-B27 positive and half of those have SpA [1, 2].
- At University Hospitals of Leicester, there is a combined rheumatology-eye clinic to help reduce this diagnostic delay and help foster a collaborative approach.

OBJECTIVES

- To evaluate the cohort of HLA-B27 positive patients presenting with uveitis to Univeristy Hospitals of Leicester (UHL), a busy tertiary centre serving a multi-ethnic region.
- To assess what proportion of these patients are diagnosed with SpA.

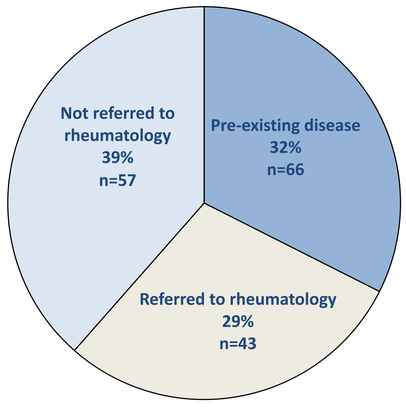
METHODS

- All patients presenting to University Hospitals of Leicester with uveitis between 2011 and 2021 were identified on a database kept by the ophthalmology department.
- Patient details were examined retrospectively using clinic letters and the electronic reporting system for HLA-B27 status, age, ethnicity, pattern of uveitis, use of systemic therapy, associated rheumatic disease, and whether subsequent imaging was performed to establish a diagnosis of SpA.

RESULTS

- Of 2159 patients presenting with uveitis, 482 were tested for HLA-B27 (213 were positive and 269 negative).
- Of the HLA-B27 positive patients, mean age was 45.5 years; 106 males and 107 females. Uveitis was classified as acute, recurrent, chronic, and not stated in 88, 77, 46, and 2 patients, respectively.
- Systemic treatment was used in 51 patients. This includes oral steroids in 32 patients, and methotrexate, mycophenolate mofetil, azathioprine, adalimumab, sulfasalazine, and hydroxychloroquine used in 7, 4, 4, 2, 1, and 1 patient, respectively.
- Of the 213 HLA-B27 positive patients, figure 1 below shows the outcomes.

Figure 1



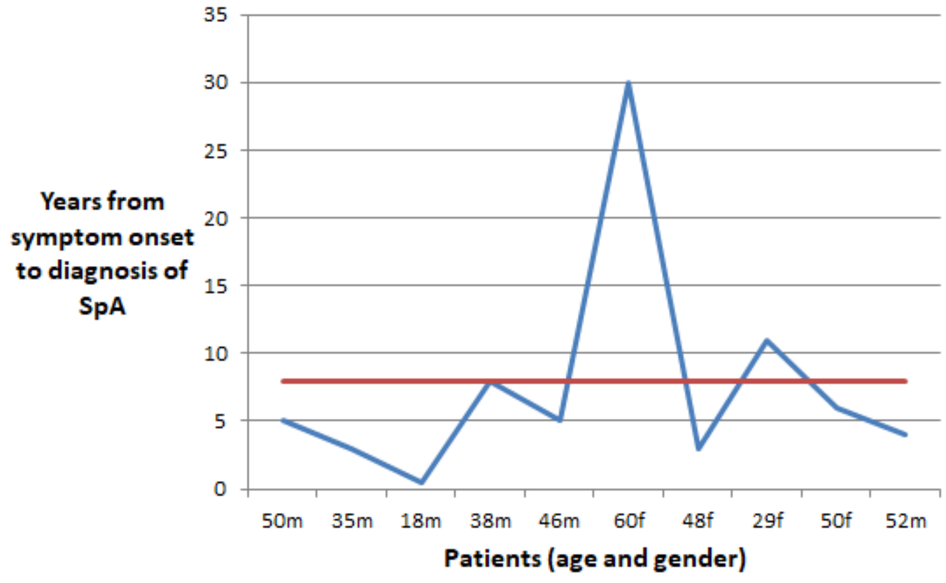
- Of the 66 with pre-existing disease, the majority had Axial SpA, 48 patients. The remaining had IBD, 4; JIA, 4; RA, 4; PsA, 2; psoriasis, 2; ReA, 2.
- Of the 43 referred to rheumatology, 32 had a MRI with inflammatory back pain protocol; 12 showed axial SpA. Two were diagnosed with peripheral SpA.

CONCLUSION

- Uveitis presents an opportunity to diagnose SpA and potentially prevent further structural damage.
- Requires a multidisciplinary approach.
- In our cohort, the collaboration between rheumatology and ophthalmology led to new diagnoses of axial and peripheral SpA, thereby reducing the diagnostic delay.

References
1. Feltkamp TE, Ringrose JH. Acute anterior uveitis and spondyloarthropathies. Curr Opin Rheumatol 1998;10:314–18.
2. Pato E, Bañares A, Jover JA, et al. Undiagnosed spondyloarthropathy in patients presenting with anterior uveitis. J Rheumatol 2000;27:2198–202.
3. Haroon M, O'Rourke M, Ramasamy P, Murphy CC, FitzGerald O. A novel evidence-based detection of undiagnosed spondyloarthritis in patients presenting with acute anterior uveitis: the DUET (Dublin Uveitis Evaluation Tool). Ann Rheum Dis. 2015 Nov;74(11):1990-5.

Patients reviewed in combined rheumatology and ophthalmology clinic (blue line), national average (red line)



NHS University Hospitals of Leicester NHS Trust
In partnership with BRITSPA TU
Sponsored by abbvie Biogen Lilly NOVARTIS ucb Inspired by patients. Driven by science.
Aspiring to Excellence
Driving improvements in axial SpA care