Abstract 209

SAFETY OF INTRAVENOUS METHYLPREDNISOLONE IN REFRACTORY AND SEVERE PEDIATRIC UVEITIS

Oral

Sendino Tenorio I.*[1], Ghoraba H.[2], Matsumiya W.[2], Khojasteh H.[2], Akhavanrezayat A.[2], Karaca I.[2], Or C.[2], Yavari N.[2], Lajevardi S.[2], Hwang J.[2], Yasar C.[2], Plaza Laguardia C.[1], Do D.[2], Dong Nguyen Q.[2]

[1]Complejo Asistencial Universitario de Leon ~ Leon ~ Spain, [2]Spencer Center for Vision Research, Byers Eye Institute, Stanford University ~ Palo Alto ~ United States of America

Purpose:

To evaluate the safety of intravenous high-dose pulse methylprednisolone succinate (IVHDM) in the management of severe or refractory non-infectious pediatric uveitis.

Methods:

We reviewed all uveitis patients who were ≤16 years of age and who received IVHDM with a dose of ≥500 mg per day (1–3 days a month) for at least 3 months during their management at a tertiary care eye hospital.

Results:

Twenty pediatric patients with severe or refractory uveitis who received IVHDM were identified. Six patients were excluded, the remaining 14 patients received IVHDM for at least 4 months. Age (mean±SD) was 11.9±2.4 years and 50% were female. Duration of treatment was 14.2±7.5 months. Thirteen patients received IVHDM in combination with other immunomodulatory therapy. Except for two outliers, IVHDM was given at a dose of 8–25 mg/kg per infusion. Three major adverse events (AEs) occurred in two patients and the number of AEs (major and minor) strongly correlated with duration of treatment (p=0.004) and moderately correlated with the cumulative dose/weight (p=0.051).

Conclusions:

IVHDM may be a valid therapeutic option for aggressive/refractory pediatric uveitis. The reported AEs in this series can also be attributed to the concurrent IMT or the underlying disease itself.