

Normas Clínicas

Clinical Guidelines

João Eurico Fonseca¹
Helena Lucas²
Helena Canhão¹
Raquel Duarte²
Maria José Santos¹
Miguel Villar²
Augusto Faustino¹
Elena Raymundo²

Recomendações para o diagnóstico e tratamento das tuberculoses latente e activa nas doenças inflamatórias articulares candidatas a terapêutica com fármacos inibidores do factor de necrose tumoral alfa. Revisão de Março de 2008*

*Recommendations for the diagnosis and treatment of latent and active tuberculosis in inflammatory joint diseases candidates for therapy with tumor necrosis factor alpha inhibitors – March 2008 update**

Recebido para publicação/received for publication: 08.02.21
Aceite para publicação/accepted for publication: 08.02.22

Resumo

A Sociedade Portuguesa de Reumatologia e a Sociedade Portuguesa de Pneumologia actualizaram as recomendações para o diagnóstico e a terapêutica das tuberculoses latente (TL) e activa (TD) em doentes com doenças inflamatórias articulares (DIA), candidatos a tratamento com antagonistas do factor de necrose tumoral alfa (TNF α). Com o objectivo de reduzir o risco de reactivação da tuberculose (TB) ou nova infecção, recomenda-se o rastreio de TD e TL tão precocemente quanto possível, preferencialmente no momento do diagnóstico da DIA, e repetir a avaliação do doente antes de iniciar terapêutica anti-TNF α . O tratamento da TD e TL deve ser sempre su-

Abstract

The Portuguese Society of Rheumatology and the Portuguese Society of Pulmonology have updated the guidelines for the diagnosis and treatment of latent tuberculosis infection (LTBI) and active tuberculosis (ATB) in patients with inflammatory joint diseases (IJD) that are candidates to therapy with tumour necrosis factor alpha (TNF α) antagonists. In order to reduce the risk of tuberculosis (TB) reactivation and the incidence of new infections, TB screening is recommended to be done as soon as possible, ideally at the moment of IJD diagnosis, and patient assessment repeated before starting anti-TNF α therapy. Treatment for ATB and

¹ Rheumatoid Arthritis Study Group (Grupo de Estudos de Artrite Reumatóide-GEAR) of the Portuguese Society of Rheumatology (Sociedade Portuguesa de Reumatologia – SPR)

² Tuberculosis Committee of the Portuguese Society of Pulmonology (Sociedade Portuguesa de Pneumologia – SPP)

* O presente artigo foi publicado simultaneamente in *Acta Reumatol Port* 2008;33:77-85
This article has been copublished in Acta Reumatol Port 2008; 33: 77-85

Correspondência / Correspondence:

Sociedade Portuguesa de Reumatologia
Rua D. Estefânia, 177 – 1.º D, 1000-154 Lisbon
E-mail: info@spreumatologia.pt

pervisionado por um especialista em TB. Quando houver indicação para terapêutica de TB, esta deverá ser cumprida integralmente antes de se iniciar o anti-TNF α . No caso da actividade da DIA o exigir, o anti-TNF α poderá ser iniciado após dois meses de terapêutica antibacteriana, no caso de TD, ou após um mês, no caso de TL.

Todos os doentes devem realizar radiografia do tórax. Alterações compatíveis com complexo de Gohn devem ser tratadas como TL. Lesões residuais obrigam a excluir TB activa. Se se suspeitar de lesões em actividade, o diagnóstico de TD deve ser excluído e o tratamento adequado instituído.

A prova tuberculínica (PT), com 2 unidades de tuberculina RT23, deverá ser efectuada em todos os doentes. Se a induração for <5 mm, a prova deve ser repetida dentro de 1 a 2 semanas no antebraço oposto, e considerada negativa apenas se o segundo resultado for igualmente <5 mm. As PT positivas obrigam a tratamento de TL, excepto se o doente tiver sido previamente tratado de forma adequada. Se a PT é realizada apenas em fase de imunodepressão, mesmo que seja negativa, deve ser equacionado o tratamento de TL antes de iniciar terapêutica anti-TNF α , após ponderar a relação risco/benefício.

Rev Port Pneumol 2007; XIV (2): 271-283

Palavras-chave: Guidelines, Sociedade Portuguesa de Reumatologia, Sociedade Portuguesa de Pneumologia, tuberculose, anti-TNF α .

LTBI must be done under the care of a TB specialist. When TB treatment is indicated, it should be completed prior to starting anti-TNF α therapy. If the IJD activity justifies the need for immediate treatment, anti-TNF α therapy can be started two months after antituberculous therapy has been initiated, in the case of ATB, and one month after in the case of LTBI. Chest X-ray is mandatory for all patients. If Gohn's complex is present, the patient should be treated for LTBI; healed lesions require the exclusion of ATB. In cases of suspected active lesions, ATB should be excluded/confirmed and adequate therapy initiated.

Tuberculin skin test, with two units of RT23, should be performed in all patients. If the induration is <5 mm, the test should be repeated within 1 to 2 weeks, on the opposite forearm, and will be considered negative only if the result is again <5 mm. Positive TST implicates LTBI treatment, unless previous proper treatment was provided. If TST is performed in immunosuppressed IJD patients, LTBI treatment should be offered to the patient before starting anti-TNF- α therapy, even in the presence of a negative test, after risk / benefit assessment.

Rev Port Pneumol 2007; XIV (2): 271-283

Key-words: Guidelines, Portuguese Society of Rheumatology, Portuguese Society of Pulmonology, Tuberculosis, Anti-TNF α drugs.

Introduction

Tumor necrosis factor alpha (TNF- α) inhibitors are used to treat inflammatory joint diseases (IJD) such as rheumatoid arthritis (RA), psoriatic arthritis (PsA) and ankylosing spondylitis (AS). In populations with a high incidence of tuberculosis (TB), there have been an increased number of TB cases

reported in patients undergoing these therapies.¹ In fact, the relative risk (RR) of developing TB is 19 times higher in RA patients under anti-TNF- α therapy than in RA patients not undergoing such therapy.¹ However, it is important to point out that RA patients treated with conventional immunosuppressive drugs have a RR for TB that

Download English Version:

<https://daneshyari.com/en/article/4214316>

Download Persian Version:

<https://daneshyari.com/article/4214316>

[Daneshyari.com](https://daneshyari.com)