

## Idiopathic peripheral ulcerative keratitis with good response to methotrexate

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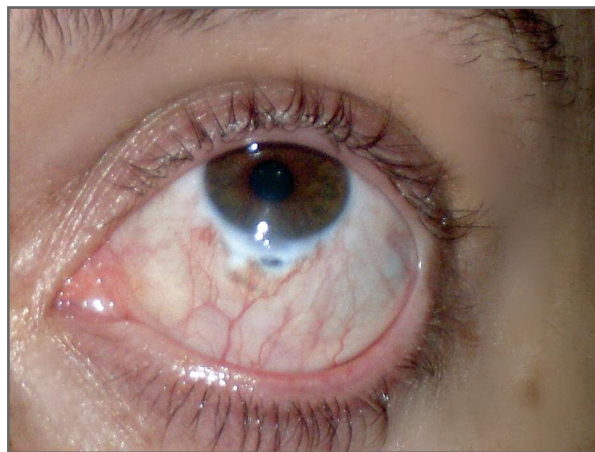
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Dear Sir,

We present herein a rare case of a patient with idiopathic peripheral ulcerative keratitis who had good response to methotrexate.

A 25-year-old woman previously healthy who started blurred vision and pain on her left eye five years ago. She was diagnosed as peripheral ulcerative keratitis and was treated with glucocorticoid eye drops, followed by systemic prednisolone (up to 50mg/day). She did not experience any response to this treatment. She was referred to our clinic. The physical examination was unremarkable, except for the red eye ulcerative lesion on lower limb corneal margin (Figure 1). Antinuclear, anti-CCP, antineutrophil cytoplasmic antibodies, anti-Ro/SS-A, anti-La/SS-B and anti-dsDNA antibodies were negative as well as HLA-B27. Hands, feet and sacroiliac joints X-rays were all normal. Her erythrocyte sedimentation rate (ESR) was 30 mm/1st hour (normal value < 20mm/1st hour) and C-reactive protein (CRP) was 22.85 mg/l (normal value < 3mg/l). Methotrexate 10mg/week was then added. After one month, she noticed marked improvement of her eye. Methotrexate dosage was increased to 25mg/week. She had a good evolution and normalization of inflammatory markers (ESR 12 mm/1st hour and CRP 2.2 mg/l). It allowed prednisolone tapering to 5mg/day.

Peripheral ulcerative keratitis can present as an isolated condition or as part of a systemic inflammatory condition, in 53% of the cases mainly systemic vasculitis (Wegener's disease, polyarteritis nodosa, relapsing polychondritis), but also rheumatoid arthritis, systemic lupus erythematosus and others<sup>1</sup>. This disease is less common than scleritis, with an incidence of 3:1,000,000 per year<sup>2</sup> and affects equally men and women<sup>3</sup>.



**FIGURE 1.** Left eye demonstrating increased vascularization, red eye and ulcerative lesion on lower limb corneal margin

The treatment of keratitis is determined by the severity of findings and includes glucocorticoids. Cyclophosphamide may be used in conjunction with glucocorticoids in cases of keratitis with imminent danger of corneal perforation and in cases associated with a systemic vasculitis. In the other cases, similar to the present case, methotrexate, may be considered the treatment<sup>3</sup>.

This case illustrates the need for the immediate immunosuppressive drugs association in patients with idiopathic peripheral ulcerative keratitis when systemic glucocorticoids are not effective.

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