RESEARCH

 Received
 : 11/06/2022

 Received in revised form
 : 08/08/2022

 Accepted
 : 17/08/2022

Keywords: Ocular manifestations, Rheumatoid Arthritis, Episcleritis, Uveitis.

Corresponding Author: Dr.Rajeev Kumar, Email. dr.rkmr@yahoo.com ORCID: 0000-0003-0258-3572

DOI: 10.47009/jamp.2022.4.4.22

Source of Support: Nil, Conflict of Interest: Nonedeclared

*Int J Acad Med Pharm* 2022; 4 (4); 106-108



# A PROSPECTIVE STUDY TO EVALUATE AND DIAGNOSE WITH OCULAR INVOLVEMENT IN RHEUMATOID ARTHRITIS

### Ramakant Thakur<sup>1</sup>, Rajeev Kumar<sup>2</sup>

<sup>1</sup>Assistant Professor, Department of Ophthalmology, Sri Krishna Medical College hospital Muzaffarpur, Bihar, India

 $^2\text{Assistant}$  Professor, Department of Ophthalmology, Sri Krishna Medical College and Hospital Muzaffarpur, Bihar, India

#### Abstract

**Background:** Rheumatoid arthritis is an autoimmune, inflammatory disease of the joints. The disease is chronic, devastating, and may affect multiple organs including eye. To evaluate and diagnose with ocular involvement in rheumatoid arthritis. **Materials and Methods:** The study involved 135 subjects having rheumatoid arthritis. The patients underwent detailed ocular examination, complete hematological profile evaluation, slit lamp examination and ophthalmoscopy. The tear function was assessed by, tear film breakup time and ocular surface staining. **Result:** A significantly higher occlular involvement was found in the present study. Females were affected more compared to males and the bilateral involvement was common. kerato-conjunctivitis sicca was the most common finding. **Conclusion:** The disease must be addressed on time, as these has a very potential to cause permanent damage of the eye.

## **INTRODUCTION**

Rheumatoid arthritis is an autoimmune, inflammatory disease of the joints. The disease is chronic, devastating, and may affect multiple organs. A clear cut etiopathogenesis of rheumatoid arthritis is still unknown. Worldwide the prevalence of rheumatoid arthritis is less than 1 %.<sup>[1,2,3]</sup> The extra-articular appearances are documented more for seropositive cases compared to seronegative cases.

Ophthalmic complications are one of the major extraarticular appearances of rheumatoid arthritis. A predominant ophthalmic problems of clinical importance are scleritis. episcleritis. keratoconjunctivitissicca, keratitis, retinal vasculitis and glaucoma. Ocular expression of the disease may occur independently or in exacerbation of disease.<sup>[4]</sup>Keratoconjunctivitissicca appears secondary to reduced secretion from the lacrimal glands.<sup>[5]</sup> And the resultant scleritis may be anterior and/or posterior. Anterior scleritis are of various types ranging from- diffuse, nodular, necrotizing with / without inflammation.<sup>[6]</sup>

During regular clinical ocular examination, the subject may show sub-clinical Keratoconjunctivitissicca, despite the patient being asymptomatic. The condition is of clinical relevance since, there are many relatively contraindication for ocular surgical procedures for such subjects.

The studies relating rheumatoid arthritis with ocular manifestation are sparse in India. Therefore, this study aims to evaluate and diagnose with ocular involvement in rheumatoid arthritis.

## **MATERIALS AND METHODS**

This was a prospective, cross sectional study, conducted in the department of ophthalmology, at Sri Krishna Medical College and Hospital, Muzaffarpur. The study was approved by the institutional research and ethical committee. The study was conducted over a period of 25 month from June 2020 to June 2022. An informed and written consent was obtained from the participating subjects prior to the commencement of study.

A total of 270 patients with rheumatoid arthritis were recruited for this study. The study subjects consisted of patients referred from rheumatologists or who had a history of rheumatoid arthritis and reported to the department of Ophthalmology. The study subjects were recruited irrespective of age and sex of the subject, and also duration and severity of the disease.

#### **Inclusion Criteria**

All the patients diagnosed with rheumatic disease were studied.

#### **Exclusion Criteria**

Patients with uncontrolled systemic disease, active tuberculosis, hypertension, any other infective disease.

Detailed history, systemic and ocular examination was performed. A complete hematological profile was evaluated. Ocular examination included documentation of best corrected visual acuity, examination of ocular adnexa, checking extraocular movements, pupil examination, and slit lamp examination, biomicroscopy, Intraocular pressure measurement, Schirmer's test for tear film adequacy, and ocular surface staining using 1% Rose Bengal test.

#### **Statistical Analysis**

The data was tabulated in Microsoft excel sheet and was subjected to statistical analysis using statistical analysis software, SPSS version 21.0.

## RESULTS



Figure 1: Distribution of Male and Female



A total of 270 subjects with rheumatoid arthritis were evaluated for ocular manifestation. Of these, 106 patients presented with ocular manifestations. [Table 1]

The distribution of subjects amongst gender is shown in [Figure 1]. Females were affected more (n=82) compared to males (n=24).

A detailed occular examination of the affected subjects showed – 56 subjects had dryness of eye, 20 had scleritis, 06 had episcleritis, 20 having anterior uveitis, 02 having keratitis and 01 vasculitis. [Figure2]

In the majority of subjects, there was bilateral eye involvement, while it was unilateral in only 08 subjects. [Table 2]

Table1: Ocular manifestations of rheumatoid arthritis.		
Disease	Ocular manifestations	
Rheumatoid Arthritis Patients	Present	Absent
270	106	064

Table 2: Eye Involvement.		
Manifestations	Patients	
Unilateral	8	
Bilateral	45	

### DISCUSSION

A total of 135 subjects were include to evaluate the ophthalmic symptoms in rheumatoid arthritis patients.

In the present study, the incidence of having ocular manifestations in rheumatoid arthritis was found to be 39%. This incidence was comparable to the previous study report of Reddy SC et al,<sup>[7]</sup> while it was very high in other studies.<sup>[8,9]</sup> Contrariwise, some studies reported a very low incidence in the range of 6.2% 5 to 20.8%.<sup>[6]</sup> These low incidence of ophthalmic manifestations were found in retrospective studies. The relatively high incidence of having ocular manifestations in rheumatoid arthritis in the current study may be credited to the investigation based diagnostic findings.

Of the 49 %, almosr 80 percent subjects were females, this again shows gender bias of the disease. This result was in consonance with the previous many studies, where thay found a female predominance for the ocular involvement of inflammatory auto immune disease.

In the present study, the symptom with highest percentage was kerato-conjunctivitis sikka. Kerato-conjunctivitis sikka was found in 53% of subjects, this was similar to the study findings of Viginesh AP et al,<sup>[10]</sup> In our study, Anterior scleritis was found in all patients and eye redness was the primary sign.

Other ocular symptoms of scleritis included – tenderness, pain, photophobia and tearing. Scleritis, episcleritis, anterior uveitis, keratitis and vasculitis was found to be 19 %, 6 %, 19 %, 2 % and 1 % respectively. In majority of subjects there was bilateral ocular involvement.

In scleritis, the anterior segment bio microscopy examination showed, a very high congestion in the deep episcleral layer and mild congestion in the superficial episcleral layer. This finding was similar to previous literature report.<sup>[11,12,13,14]</sup>

### CONCLUSION

A significantly higher occlular involvement was found in the present study. Females were affected more compared to males and the bilateral involvement was common. kerato-conjunctivitis sicca was the most common finding.

These significantly higher occular involvement is alarming and must be addressed judiciously. If not treated judiciously and timely, it may cause permanent eye damage and blindness.

#### REFERENCES

- 1. Goronzy JJ, Weyand CM. Developments in the scientific understanding of rheumatoid arthritis. Arthritis Res Ther. 2009; 11:249.
- Cimmino MA, Salvarani C, Macchioni P, Montecucco C, Fossaluzza V, Mascia MT et al. Extra-articular manifestations in 587 Italian patients with rheumatoid arthritis. Rheumatol Int. 2000; 19:213–217.
- Lilleby V, Gran JT. Systemic rheumatoid arthritis. Tidsskr Nor Laegeforen. 1997; 117:4223–4225.
- Turesson C, O'fallon W, Crowson C, Gabriel S, Matteson EL, et al. Extra-articular disease manifestations in rheumatoid arthritis: incidence trends and risk factors over 46 years. Ann Rheum Dis. 2003; 62: 722–727.
- Turesson C, O'Fallon WM, Crowson CS, Gabriel SE, Matteson EL. Occurrence of extraarticular disease manifestations is associated with excess mortality in a community based cohort of patients with rheumatoid arthritis. J Rheumatol. 2002;29(1):62-7.

- Alamanos Y, Drosos AA. Epidemiology of adult rheumatoid arthritis. Autoimmun Rev. 2005;4(3):130-6. doi: 10.1016/j.autrev.2004.09.002.
- Reddy SC, Gupta SD, Jain IS, Deodhar SD. Ocular manifestations of rheumatoid arthritis. Indian J Ophthalmol. 1977;25(3):20-6.
- Shaw C, Banik S, Islam MN, Biswas MC, Biswas G, Biswas S. Rheumatoid arthritis and ocular involvement. J Indian Med Assoc. 2003;101(9):537-8.
- Vignesh AP, Srinivasan R. Ocular manifestations of rheumatoid arthritis and their correlation with anti-cyclic citrullinated peptide antibodies. Clin Ophthalmol. 2015;9:393-7. doi: 10.2147/OPTH.S77210.
- Greiner A, Plischke H, Kellner H, Gruber R. Association of anti-cyclic citrullinated peptide antibodies, anti-citrullin antibodies, and IgM and IgA rheumatoid factors with serological parameters of disease activity in rheumatoid arthritis. Ann N Y Acad Sci. 2005;1050:295-303. doi: 10.1196/annals.1313.031.
- Caspi D, Anouk M, Golan I, Paran D, Kaufman I, Wigler I, et al. Synovial fluid levels of anti-cyclic citrullinated peptide antibodies and IgA rheumatoid factor in rheumatoid arthritis, psoriatic arthritis, and osteoarthritis. Arthritis Rheum. 2006;55(1):53-6. doi: 10.1002/art.21691.
- Hakin KN, Ham J, Lightman SL. Use of orbital floor steroids in the management of patients with uniocular non-necrotizing scleritis. Br J Ophthalmol. 1991;75:337–339.
- Galor A, Jabs DA, Leder HA, Kedhar SR, Dunn JP, Peters GB. Comparison of antimetabolite drugs as corticosteroidsparing therapy for noninfectious ocular inflammation. Ophthalmology. 2008;115: 1826–1832.
   Baldassano VF Jr. Ocular manifestations of rheumatic
- Baldassano VF Jr. Ocular manifestations of rheumatic diseases. Curr Opin Ophthalmol. 1998;9(6):85-8. doi: 10.1097/00055735-199812000-00015.