

Poster presentation

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Efficacy and safety of methotrexate treatment of juvenile localized scleroderma

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Our goal is to study the efficacy and safety of MTX in juvenile localized scleroderma (JLS).

Retrospective study of 59 children with JLS from 3 to 17 y (M = 10.3) treated with MTX was performed. Group 1 (n = 18) – received prednisone 0.5 mg/kg for 6 weeks, tapered to 0.1 mg/kg for 12 months + MTX 10 mg/body sq. weekly for 13.7 mo. Group 2 (n = 41) -MTX the same doses and duration. The efficacy was measured in 6 & 12 months using skin score, activity and sclerosis indexes (IA, IS) (1 – 3 points) of skin damage, the safety by clinical & laboratory methods. Group 1 patients had spread linear skin involvement (hemitype), with skin score significantly higher (p < 0.01) than in group 2, where children had mostly local linear skin damage. Previously 9 pts from Group 1, 31 pts from Group 2 received penicillamine (PA) with no effect.

MTX therapy was effective in 73% of children unsuccessfully treated with PA & in 98% of patients received MTX as the first medication. Effect of therapy was significantly better in pts with disease duration less than 6 mo. In Group 1 significant improvement (p < 0.01) in skin score, IA, IS had been already achieved in 6 months of treatment, in Group 2 only in 12 mo. MTX was effective in children with linear skin, periarticular contractures. Nausea was the main adverse effect, in 17% of pts, with no correlation with genetic polymorphisms of methylenetetrahydrofolate reductase.

MTX is effective and safe in linear JLS.

References

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