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## Letter to the editors

# Efficacy and safety of intra- and periarticular corticosteroid injections in treatment of lupus arthritis



## Eficácia e segurança das injeções intra-articulares e periarticulares de corticosteroides no tratamento da artrite lúpica

To the editor,

Arthritis in systemic lupus erythematosus (SLE) is one of the most common disease manifestation.<sup>1</sup> In daily clinical practice, intra- and periarticular corticosteroid injections are frequently used as they provide rapid reduction of symptoms in clinically inflamed joints.<sup>2,3</sup>

Although there are no studies to prove the efficacy and safety of intra- and periarticular corticosteroids, they may also be helpful in the management of lupus arthritis. The aim of this paper is to assess the efficacy and safety of intra- and periarticular corticosteroids' injection in treatment of arthritis on patients with SLE.

Retrospective analysis of medical records of all patients with a SLE diagnosis observed in our department, with record of demographic data, clinical data and therapeutic interventions and their results, was conducted. All patients included fulfilled the ACR criteria.

We studied 94 patients, 91 female (96.8%) and 3 male (3.2%), with a mean age of  $30 \pm 12$  years at the time of the diagnosis and  $40 \pm 12$  years in the follow-up.

Sixty-three patients (67%) had articular involvement. Of these, 49% ( $n = 31$ ) underwent intra- and/or periarticular corticosteroids' injection.

Sixty-five intra- and/or periarticular corticosteroid injections were carried out on 31 patients.

Treatments had been unguided before 2009, after that they were performed mostly under ultrasound guidance. On average, 2.1 procedures were carried out per patient. The most frequent local treatments were intra-articular injections ( $n = 54$ ), usually with triamcinolone hexacetonide (dose depended on the treated joint). Knees ( $n = 23$ ), wrists ( $n = 15$ ) and proximal interphalangeal joints ( $n = 11$ ) were the most frequently treated joints. The periarticular corticosteroid

injections were always performed with methylprednisolone, and the most common injection was in the extensor tendon sheath of the wrist. A single treatment injection was sufficient to control symptoms in 29 patients. There were no complications observed.

Effective control of arthritis with the local treatment precluded the need for oral corticoids in the majority of patients. Methotrexate was used in 13 of 63 patients (21%) to further control arthritis.

In our experience the local treatments with steroids are effective and safe for treatment of lupus arthritis as for rheumatoid arthritis, and may be used as first-line therapy.

Effective control of arthritis with this local treatment may also preclude the need for systemic corticosteroids, with their consequent adverse effects.

### Conflicts of interest

The authors declare no conflicts of interest.

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