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RHEUMATOID NODULES TREATMENT: SEVEN CASES

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Background. Rheumatoid nodules (RN) are a common extra-articular manifestation in rheumatoid arthritis (RA), occurring in up to 30% of patients, and are associated with more severe disease. They most commonly occur on the skin and occasionally in the lungs. RN may be refractory to disease-modifying antirheumatic drugs (DMARDs), but small case series have suggested that Janus kinase inhibitors (JAKi) may be effective in RN treatment. We present seven cases of RN that markedly improved following treatment with upadacitinib.

Case Report. Seven women, mean age 60 years, previously diagnosed with RA, developed multiple RN. Six developed multiple subcutaneous nodules over the extensor surfaces of the hands and elbows, which caused severe functional impairment, while one presented at chest CT scan with lung nodules in the absence of cutaneous nodules. Six patients with multiple subcutaneous nodules had a history of inadequate response to multiple DMARDs, including methotrexate, sulfasalazine, hydroxychloroquine. So their treatment was switched to upadacitinib 15 mg daily. This regimen resulted in improvement of the subcutaneous RN after six months and achievement of clinical remission. The patient with lung nodules started upadacitinib in monotherapy as first line, led to significant regression of pulmonary RN in six months.

Conclusion. In summary, upadacitinib led to significant regression of cutaneous and pulmonary RN in seven patients with refractory seropositive RA, with complete articular remission.