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Perspective

Azathioprine Side Effects in Patients with Ocular Behcet's Syndrome

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DESCRIPTION

Behcet's Syndrome (BS), a rare case of autoimmune vasculitis, is a multifactorial, polygenic, auto inflammatory condition. Recurrent oral and vaginal ulcers, skin lesions, arthritis, thrombophlebitis, and uveitis are some of the organs it affects. Vasculitis brought on by viral or immunologic origins is the underlying pathogenic component. The retina and optic disc are affected by permanent, progressive ischemia alterations as a result of ocular involvement, particularly panuveitis (anterior and posterior uveitis). A blinding anterior and posterior uveitis and retinitis are how about half of individuals present with eye illness. The method of treatment is determined by the specific patient, the severity of the disease, and the involvement of main organs. Depending on the severity of the illness, patients may receive corticosteroid therapy or cytotoxic medications. Controlled trials have shown that immunosuppressive therapy is effective in the treatment of BS. Treatment options for ocular, vascular, and neurological signs and symptoms are determined by experience-based clinical judgments or evidence from straightforward observational studies, even if therapy of the mucosal, cutaneous, and arthritic manifestations is primarily evidence-based.

Azathioprine (AZA), one of many immune suppressants, is a well-known drug that is effective in treating a number of autoimmune disorders. Recent studies have also demonstrated its effectiveness in treating BS patients, particularly those with ocular pathology. Despite its benefits, clinicians continue to disagree over AZA's safety due to its side effects. Frequent adverse reactions include nausea, fever, and bone marrow suppression. Additionally, some studies have found a marginally elevated risk of neoplasia in people receiving AZA. However, few studies have examined the benefits and drawbacks of the AZA in patients who experience ocular manifestations of BS in order to compare the drug's positive results and impacts to its negativity. AZA is now one of the most widely used immune modulator medicines to treat ocular BS, and there is growing evidence supporting its effectiveness in treating ocular symptoms of BS. The widespread use of AZA has been constrained, however, due to the possibility of serious side effects. Patients with Inflammatory Bowel Disease (IBD) who took AZA in earlier studies discontinued more frequently due to side effects than those who took a placebo. Studies on adverse events connected to AZA in people with ocular BS, however, are scarce.

According to the majority of studies on ocular BS, azathioprine is frequently used as the systemic medication of first choice, at a dosage of 2.5 mg/kg body weight. Our clinic typically administers an initial dose of AZA of 2-4 mg/kg/d, which is comparable to the current dosage of 2.5 mg/kg body weight. Despite receiving an acceptable starting dose, AZA-related side effects were experienced by 11 out of 165 participants (6.67%). Five individuals had their medication stopped, and two had it restarted. The drug's negative effects all disappeared if the dosage was lowered or stopped. The bulk of studies on ocular BS indicate that azathioprine, at a dose of 2.5 mg/kg body weight, is usually used as the systemic drug of first choice.

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