



CR21 Juvenile idiopathic arthritis-associated uveitisMatej Krišto^a, Sandro Kukić^a, Sanja Perić^{a,b}^a School of Medicine, University of Zagreb, Zagreb, Croatia^b Department of Ophthalmology, University Hospital Centre Zagreb, Zagreb, CroatiaDOI: <https://doi.org/10.26800/LV-145-supl2-CR21> Matej Krišto 0009-0005-1534-0416, Sandro Kukić 0000-0001-6425-1624, Sanja Perić 0000-0001-7965-6261

KEYWORDS: arthritis; synechia; uveitis

INTRODUCTION/OBJECTIVES: Juvenile idiopathic arthritis (JIA) is a rheumatic disease of unknown etiology that clinically presents by affecting one or more joints over a 6-week period. Uveitis is the most common extra-articular manifestation in children suffering from JIA. It is usually asymptomatic during the initial stages, and therefore screening for JIA-associated uveitis is crucial.

CASE PRESENTATION: A four-year-old girl was hospitalized in 2010, and examination revealed reduced visual acuity and posterior synechia of the right eye. The diagnosis of anterior uveitis was made, and first-line treatment with topical glucocorticoids and mydriatics was started. A month later, the patient had swelling in both knees and difficulty walking. She was diagnosed with JIA, which was cured with methotrexate and glucocorticoids. In July 2011, the patient had a relapse of arthritis and uveitis, which required immunomodulatory therapy with etanercept. From 2012 to 2013, she had two uveitis exacerbations that required use of the topical corticosteroids, resulting in secondary glaucoma and a cataract of the right eye. In 2014, a patient had uveitis exacerbation, and new immunomodulatory therapy with adalimumab was introduced. Swelling and pain in both knees occurred again in January 2018, and accordingly, the dose of adalimumab was increased until March 2020. She didn't have a relapse of uveitis from 2015 to 2022.

CONCLUSION: JIA-associated uveitis usually remains asymptomatic, and a delayed diagnosis can lead to extremely poor eyesight with no possibility of recovery. The interdisciplinary approach of pediatric rheumatologists and ophthalmologists is crucial for early diagnosis, achieving a successful therapy result, and maintaining visual acuity.

CR22 Nature's Bandage: Exploring the Benefits of Amniotic Membrane TherapyLea Hasnaš^a, Lovro Mikulić^a, Tomislav Sečan^b^a School of Medicine, University of Zagreb, Zagreb, Croatia^b Department of Surgery, University Hospital Centre Zagreb, Zagreb, CroatiaDOI: <https://doi.org/10.26800/LV-145-supl2-CR22> Lea Hasnaš 0009-0004-4456-0605, Lovro Mikulić 0009-0004-4784-8399, Tomislav Sečan 0000-0001-5627-800X

KEYWORDS: Amnion; Biological Dressings; Wound Healing

INTRODUCTION/OBJECTIVES: The amniotic membrane is the innermost layer of the placenta. It consists of stem cells with reduced immunogenicity that secrete cytokines and growth factors, which have anti-inflammatory and antifibrotic effects and promote epithelialization. Membranes are obtained from women who are undergoing elective cesarean delivery. These allografts are typically used in ophthalmology for ocular surface reconstruction but have the potential for other applications, such as wound healing.

CASE PRESENTATION: A 72-year-old male was admitted to the ER with an elbow joint fracture and a large hematoma (size 20x10cm) of the anterolateral segment of the lower left leg caused by a fall from the stairs. The fracture was successfully treated, and the hematoma was evacuated and drained, followed by bandaging. Despite treatment, the wound didn't heal properly, resulting in skin necrosis and later ulcer formation, probably due to the patient's history of diabetes mellitus, the use of warfarin anticoagulant therapy, and corticosteroid therapy. Therefore, it was decided to promote the wound healing process with an amniotic membrane allograft. The wound was prepared with debridement and then covered with an amniotic allograft and a chronic wound dressing. After three days, new granulation tissue was observed. On follow-up office examination three months later, progressive epithelialization of the wound was noted, and there was a significant reduction in size.

CONCLUSION: Amniotic membrane allograft has proved beneficial in chronic wound healing. Overall, the biological properties and availability of amniotic membranes make a good foundation for expanding the treatment options for wounds in patients with comorbidities.