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Subcutaneous immunoglobulin use in inclusion-body myositis: A review of 6 cases

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Introduction: Inclusion-body myositis (IBM) is a slowly progressive degenerative inflammatory disorder affecting both proximal and distal muscles. Immunosuppressive therapies are generally ineffective in this disorder, and most patients are resistant to steroid therapy. Some benefits with mild improvement were observed with intravenous immunoglobulin (IVIg), particularly in patients with severedysphagia.

Objectives: The objective was to describe the use of subcutaneous immunoglobulin (SCIg) in patients with IBM and to assess it feasibility.

Results: We reviewed six cases of IBM treated with SCIg in clinical practice. All the patients had received prior treatments for IBM, including immunosuppressive agents and IV immunoglobulin. Immunoglobulins were initiated in these patients due to swallowing disorders. SCIg was administered over a long period of time, ranging from 4.5 months to 27 months. No patient discontinued the SCIg because of treatment-related event or safety issues. The six cases showed an improvement in muscle strength and resolution of dysphagia. For two patients, this improvement persisted for approximately 12 months.

Conclusions: SCIg might be proposed as an alternative therapy to patients with IBM and resistant to corticoids and immunosuppressive therapies. Our findings suggested that treatment with SCIg is feasible and safe in patients with IBM.

Biography

Patrick Cherin is Professor of Internal Medicine (University Hospital of Pitié-Salpétrière, Paris, France). He has completed his PhD from Pierre et Marie Curie University (Paris, France). He's member of the French Reference National Myositis Center. He has published more than 135 papers in reputed journals, especially about inflammatory myopathies.

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