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**ETANERCEPT-SURGERY ASSOCIATION: NO SIDE-EFFECTS IN A PATIENT WITH SYSTEMIC JUVENILE IDIOPATHIC ARTHRITIS**

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Recently a new drug, etanercept, has been used in patients with severe Juvenile Idiopathic Arthritis (JIA) who had an inadequate response to Methotrexate (MTX) alone. Literature reports advise against continuing etanercept therapy in the presence of sepsis or during treatment at risk of infections (e.g., surgery). We report on a patient with systemic JIA, receiving etanercept therapy while undergoing two surgical therapies, without adverse events. Our patient, a 29-year-old male, during the first 15 years of disease, received multiple conventional treatments, without substantial clinical benefit. In November 2000, during a severe flare episode, it was decided to start etanercept (0,4 mg/Kg twice a week) combined with high dose steroids and MTX. This new treatment resulted in fair but incomplete control (elevated inflammatory indexes). Therefore, etanercept was increased to 0.65 mg/kg/twice a week combined with low dose steroids and MTX. In May 2001 he underwent left eye cataract extraction and lens implantation under general anesthesia, without experiencing any new acute articular and systemic phase. We were forced to continue Etanercept, because a flare of JIA would have significantly compromised the surgical outcome. In April 2002 he underwent total right hip replacement without problems. He experienced no new acute articular. Etanercept therapy was continued during surgery and no immunosuppressive effect as leukopenia, opportunistic infections, or sepsis was observed. In our patient, the use of etanercept revolutionised the control of disease. Moreover our patient is presently well at six months from last surgery and he has not presented any side effects nor infections.

