



<https://www.printo.it/pediatric-rheumatology/AU/intro>

## Drug Therapy

Version of 2016

### 10. Sulfasalazine

#### 10.1 Description

Sulfasalazine results from the combination of an antibacterial and an anti-inflammatory drug. It was conceived many years ago when adult rheumatoid arthritis was thought to be an infectious disease. Despite the fact that the rationale for its use was subsequently revealed to be wrong, sulfasalazine has been shown to be effective in some forms of arthritis, as well as in a group of diseases characterized by chronic gut inflammation.

#### 10.2 Dosage/modes of administration

Sulfasalazine is administered orally at 50 mg per kg per day, to a max 2 g per day.

#### 10.3 Side effects

Side effects are not uncommon and require periodic blood tests. They include gastrointestinal problems (anorexia, nausea, vomiting and diarrhoea), allergy with skin rash, liver toxicity (elevated transaminases), reduced number of circulating blood cells, decreased serum immunoglobulin concentration.

This drug should never be given to systemic JIA or JSLE patients because it can induce a severe flare up of the disease or macrophage activation syndrome.

---

## **10.4 Main paediatric rheumatic diseases indications**

Juvenile idiopathic arthritis (mainly enthesitis-related JIA).