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DISTAL ACUTE FALANGE OSTEOMYELITIS ASSOCIATED WITH THE USE OF ANTI-TNF IN PATIENTS WITH ANKYLOSING SPONDYLITIS: A CASE REPORT

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BACKGROUND

Ankylosing spondylitis (AS) is a chronic inflammatory, autoimmune disease that affects mainly the spine and sacroiliac and, less frequently, peripheral joints. A therapeutic option used is monoclonal antibodies antitumor necrosis factor (anti-TNF), with no predilection among representatives of this class for AS. The adverse events most associated with these drugs are infectious processes, with the respiratory tract, soft tissues and urinary tract being their most prevalent sites. Acute osteomyelitis consists of an inflammatory state of the bone caused by pathogenic microorganisms requiring proper diagnosis and treatment. Although uncommon, this complication in use of anti-TNF was described in the literature, with the mandible being the most frequent site, however, the involvement of the distal phalanx by osteomyelitis is considered extremely rare.

CASE REPORT

Women, 40 years old, diagnosis of AS for 6 years, HLA B27 positive, bilateral sacroiliitis grade 2 and arthritis of shoulders, coxofemoral articulations, knees and ankles. Evolved with high inflammatory activity of the disease and refractory to the use of two anti-inflammatory drugs and methotrexate. The treatment started with adalimumab for 18 months and was suspended for secondary failure (ASDAS 3.6). A therapeutic exchange was opted for secukinumab, used for 8 months, with maintenance of inflammatory low back pain, elevated PCR and started acute functional limitation and worsening of left shoulder pain, being diagnosed with adhesive capsulitis. She underwent surgical treatment and physical therapy; however, with pain and functional limitation. In August 2019, golimumab 2 mg/kg started with methotrexate 25 mg/week, with clinical and functional improvement (ASDAS 3.9 to 3.3) after 12 weeks. In July 2020, she presented acute and severe pain (VAS 9), associated with phlogosis and purulent secretion in the nail region of the third left finger, with no history of local trauma or previous nail bed alteration. Magnetic resonance imaging (MRI) was performed, with diagnosis of acute osteomyelitis. Golimumab was discontinued (last administration in May 2020). She underwent surgical treatment and antibiotic therapy, evolving with resolution of the infection after one month.

CONCLUSION

Despite the therapeutic advance and inflammatory control that the use of anti-TNF provides in patients with AS, adverse effects associated with infection remain prevalent, reiterating the importance of research before infusing the biological. Although rare, osteomyelitis during the use of anti-TNF has been described in the literature. Early diagnosis of this condition requires high clinical suspicion and prompt treatment. The authors draw attention to the novelty of acute osteomyelitis in the distal phalanx in the presence of anti-TNF.