IXEKIZUMAB (ANTI-IL 17) TRIGGERING INTESTINAL INFLAMMATORY

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BACKGROUND

The induction of Crohn's disease by anti-IL17 inhibitors is rare; however, its presence has an impact on morbidity/mortality. Current recommendations have little evidence and are based on the discontinuation of anti-IL17. We must, therefore, pay attention to intestinal symptoms in patients using these medications.

CASE REPORT

A 46-year-old female patient with chronic low back pain with mechanical rhythm, with an inflammatory component, for 2 years, and under chronic use of NSAIDs, begins follow-up at a rheumatology clinic. During the etiological investigation, the patient is diagnosed with ankylosing spondylitis, with grade II sacroiliitis on the right and grade III on the left, according to New York criteria. However, even with the replacement of the anti-inflammatory and the association of sulfasalazine, lower back pain persisted, in addition to arthralgia in the proximal interphalangeal glands with an inflammatory rhythm. Due to the unfavorable evolution, it was decided to introduce ixekizumab 80 mg/month, which resulted in a good response. However, after three doses of medication, the patient developed abdominal pain, diarrheal episodes, requiring hospitalization. After investigation of the condition, drug-induced Crohn's disease was diagnosed through biopsy. The patient was referred for gastroenterology evaluation, which replaced the IL17 inhibitor by infliximab (anti-TNF) with a favorable outcome.

CONCLUSION

The induction of Crohn's disease by anti-IL17 inhibitors is rare; however, its presence has an impact on morbidity/mortality. Current recommendations have little evidence and are based on the discontinuation of anti-IL17. We must, therefore, pay attention to intestinal symptoms in patients using these medications.

KEYWORDS

Anti-IL 17, Crohn's disease, Ixekizumab.