PURPLE AFTER ADALIMUMAB: A CASE REPORT

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BACKGROUND

Crohn's disease (CD) is an inflammatory bowel disease in any portion of the luminal gastrointestinal tract. Drugs used for CD treatment can cause adverse reactions such as vasculitis. A common histologic finding of drug-related is eosinophilic leukocytoclasia vasculitis. Vasculitis related patients with CD might also occur and usually presents as necrotizing small vessels. In this report we show the case of a patient with CD who developed eosinophilic leukocytoclastic vasculitis on her lower limbs.

CASE REPORT

A 72-year-old white female diagnosed with CD in 2003 (Montreal's classification: A3, L3 and B2p), previous contact with virus B, arterial hypertension and type 2 diabetes mellitus, started treatment with adalimumab 1 ampoule/week in January 2012 for disease activity control. In August 2020, she reported the onset of skin itching associated with painful palpable purpuras on the lower limbs (Figure 1). A diagnostic hypothesis of small vessel vasculitis was raised, and ANCA, cryoglobulinemia, ANA, anti-DNA, rheumatoid factor were negative. In December 2020, she used topical clobetasol and neomycin without improvement, being subsequently started prednisone 20 mg/day. Following it, a skin biopsy was performed, showing leukocytoclastic vasculitis with eosinophil, suggesting a drug-related vasculitis. Systemic corticosteroid therapy was maintained and two pulse therapies were performed with methylprednisolone 500 mg. Despite corticosteroid therapy, the lesions and clinical status impaired. The medical team decided to withdraw adalimumab because of suspected drug reaction. After four weeks, patient had a significant improvement, without recurrence.

Figure 1. Erythematous purpura in scattered serohemorrhagic plaques.

CONCLUSION

Vasculitis is an inflammatory process immunologically mediated, determining functional and structural damage to the vessel wall. Cutaneous vasculitis in patients with CD usually presents as necrotizing small vessels. In the case reported here, a patient with CD developed eosinophilic leukocytoclastic vasculitis under using of adalimumab. In the literature there are reports of this type of vasculitis with the use of these medication, which corroborates the hypothesis of pharmacodermia.

KEYWORDS

Crohn's disease, Eosinophilic leukocytoclasia vasculitis, Adalimumab, Vasculitis.