

## Infliximab

S

### Lack of efficacy: case report

A 31-year-old man exhibited lack of efficacy during treatment with infliximab for Crohn's disease.

The man, who had ileocolonic Crohn's disease, presented to the emergency department with a 24-hour history of progressive abdominal pain and vomiting with preceding increased stool frequency in May 2020. Initially, he received low dose of infliximab [*route and initial dosage not stated*]. Then, he started receiving escalated treatment with infliximab 5 mg/kg every 4 weeks (trough level: 10.4 mg/L, negative anti-drug antibodies) and mercaptopurine. He was noted to have evidence of subacute small bowel obstruction. After further investigations, he was found to have COVID-19 infection. His Crohn's disease did not improve with infliximab treatment.

The man was treated exclusive enteral nutrition with Modulen [Nestle]. Subsequently, infliximab and mercaptopurine were stopped. He also received unspecified antibacterials [antibiotics] for 48 hours on admission. Eventually, an improvement was noted, and he was discharged following 6 days after rapid improvement in his abdominal symptoms and normalisation of his inflammatory markers. After 2 weeks, a SARS CoV-2 IgG response was noted. After the evidence of viral clearance and immunological response, immunosuppressive treatment restarted for his Crohn's disease. His infliximab treatment was switched to ustekinumab treatment due to loss of response to infliximab.

Harris C, et al. Management of Crohn's disease in an immunosuppressed COVID-19-positive patient: safety-driven prioritisation of nutritional therapy as a bridge to restarting immunosuppression. *BMJ Case Reports* 14: No. 3, 22 Mar 2021. Available from: URL: <http://doi.org/10.1136/bcr-2020-239404> 803564658