

[PICTURES IN CLINICAL MEDICINE]

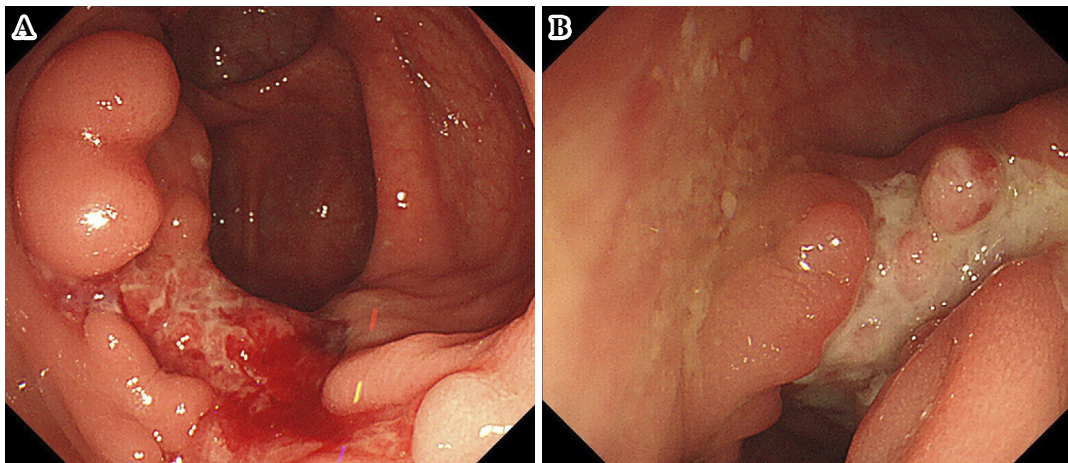
IBD-like Lesions in a Secukinumab-treated Patient

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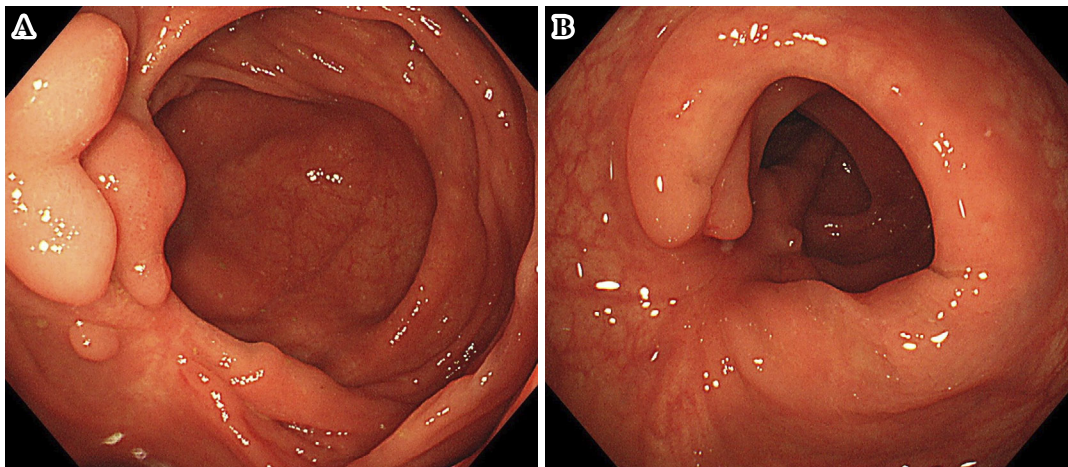
Key words: inflammatory bowel disease, interleukin-17 inhibitors

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Picture 1.



Picture 2.

A 65-year-old man with pustular psoriasis and psoriatic arthritis had been treated by the administration of secukinumab for 15 months. Although there had been no history of any gastrointestinal symptoms and ileocolonoscopy at the

induction of secukinumab demonstrated only some small colon polyps, the patient had suddenly developed hematochezia. Hematochezia persisted even after discontinuing secukinumab for 3 months. Ileocolonoscopy revealed several

deep ulcers at the cecum (Picture 1A) and transverse colon (Picture 1B). Neither esophagogastroduodenoscopy nor small-bowel follow-through showed any abnormalities. Since cytomegalovirus and intestinal tuberculosis infection could be ruled out and the endoscopic findings evoked Crohn's disease, we began to treat the patient with adalimumab. The hematochezia disappeared immediately and follow-up ileo-colonoscopy after 15 months demonstrated mucosal healing (Picture 2; each image corresponds to Picture 1).

Although interleukin (IL)-17 inhibitors are a promising treatment for psoriatic disease, new onset or an exacerbation of inflammatory bowel diseases may sometimes occur as rare complications (1, 2). Clinicians should therefore recognize the possible association between IL-17 inhibitors therapy and gastrointestinal disorders.

The authors state that they have no Conflict of Interest (COI).

References

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