LETTER TO THE EDITOR

Serum sickness-like reaction due to Infliximab reintroduction during pregnancy

Dear sir,

The TNF-α inhibitor Infliximab (IFX) has the potential to induce immunogenicity. Episodic treatment with IFX increases the risk of infusion reactions as compared to scheduled treatment. We present a case of serum sickness-like symptoms in a pregnant woman with ulcerative colitis (UC) following IFX reintroduction.

Debut of ulcerative pancolitis in a 26 year old woman was initially treated with systemic steroids. Remission was attained with IFX induction series with four infusions (5 mg/kg) followed by maintenance treatment with 5-aminosalicylic acid (5-ASA) 3200 mg daily.

Flare in UC occurred around the time of conception 18 months later. Remission was induced by increasing 5-ASA to 4800 mg and additional topical treatment.

Severe clinical and endoscopic relapse of UC occurred in 32nd gestational week (GW). Five days of intravenous methylprednisolone 40 mg twice daily resulted in clinical, biochemical and endoscopic remission. The patient was discharged with oral prednisolone. Two days after the patient was readmitted with relapse. Intravenous methylprednisolone was reintroduced and she received one dose of IFX. She developed a non-itching morbilliform rash on both palms a few hours afterwards. No further reaction occurred. After five days of intravenous methylprednisolone the patient was discharged in remission with normalized biochemistry.

Ten days after the IFX infusion the patient was readmitted with fever, severe joint and muscle pain, skin rash and elevated CRP. She was treated with Oseltamivir and intravenous antibiotics. Influenza A and B virus PCR, feces, urine and blood cultures were all negative and symptoms were interpreted as serum sickness-like reaction. Test for immune complexes was not performed. The following day, at GW 35+2 she spontaneously went into labor and had an uncomplicated vaginal delivery. The preterm infant was normal for gestational age (weight 2850 g and length 49 cm) and without congenital abnormalities. The symptoms subsided after delivery. Six days postpartum the patient was readmitted with abdominal pain and 5 liquid stools. Endoscopy showed pancolitis. The patient underwent a laparoscopic colectomy with ileostomy.

Clinical remission is important for normal pregnancy outcomes in women with UC. IFX is used to induce remission in severe UC with partial response to systemic steroids. However, reintroduction of IFX increases the risk of anaphylactoid infusion reactions and thus risk of harm to the fetus. Continuous treatment with IFX decreases this risk but exposes the fetus to the drug. Concomitant immunosuppressive (IS) therapy has shown to reduce the formation of antibodies to IFX and may therefore reduce the risk of infusion reactions. In women, previously treated with IFX, who are trying to fall pregnant it should be considered to initiate therapy with IS in order to diminish the risk of adverse events in case of IFX reintroduction during pregnancy.

Conflict of interest

Dr. Lisbet Ambrosius Christensen has served as a speaker for Astra-Zeneca A/S, Ferring A/S, MSD A/S, and Abbott A/S and is a member of the advisory board for MSD A/S. The remaining authors declare no conflict of interest.

References


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