A rare adverse effect of adhesion molecule inhibitor therapy for Crohn’s disease

Cheng-Lu Lin*, Kuan-Chih Chen*, Cheng-Kuan Lin*, Kuo-Hsin Chen† and Chen-Shuan Chung*†

*Departments of Internal Medicine and †Surgery, Far Eastern Memorial Hospital, New Taipei City, Taiwan

CASE BLOG

A 54-year-old man had a past history of Crohn’s disease diagnosed 10 years ago and under maintenance therapy with 5-aminosalicylic acid. Unfortunately, sigmoid and terminal ileum perforation and enterovesical fistula developed 8 years later (small bowel series: Figure 1A and 1B; endoscopic view: Figure 1C). Then he underwent fistulectomy with resection of terminal ileum to cecum and segmental small bowel resection (Figure 1D). After surgery, vedolizumab (300 mg loading for induction at weeks 0, 2, and 6) and azathioprine (1 mg/kg/day) were administered due to active moderate disease. However, after the second dose of induction therapy, multiple painful vesicles developed over left T4 dermatome (Figure 2A). His herpes zoster improved 1 week later after administration of oral acyclovir and discontinuation of azathioprine (Figure 2B). Vedolizumab therapy was included in maintenance therapy, and clinical remission was achieved. Although gut-specific integrin inhibitors have acceptable long-term safety data and lower incidence rate of infection compared with that of anti-tumor necrosis factor α in the treatment of inflammatory bowel disease, we still should be aware of herpes zoster, especially in those undergoing combination therapy with corticosteroid or immunomodulators.1–4

REFERENCES