

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

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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

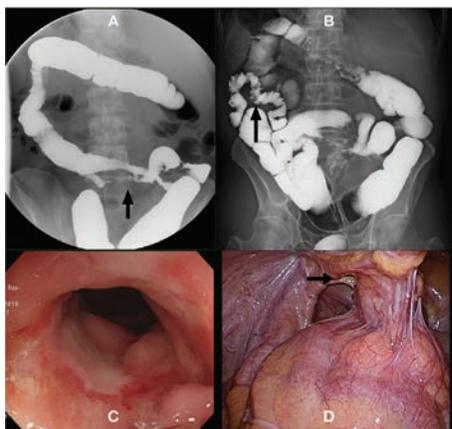


Figure 1 (A) Fistula between sigmoid colon and distal ileum. (B) One segmental stricture between lower descending to sigmoid colon with two fistulas connected to the terminal ileum. (C) Multiple ulcers were found on anastomosis site, sigmoid-descending junction, and rectum. (D) Sigmoid, terminal ileum, and small bowel perforation with enterovesical fistula.

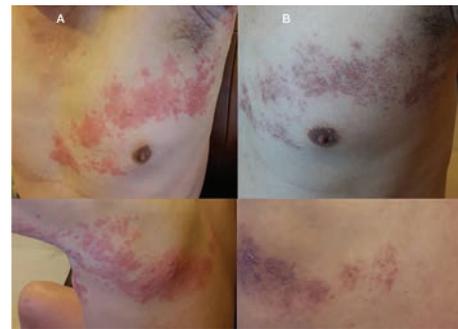


Figure 2 (A) Multiple painful vesicles developed at left T4 dermatome. (B) Herpes zoster improved after administration of oral acyclovir and discontinuation of azathioprine.

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

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