

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*¹

*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

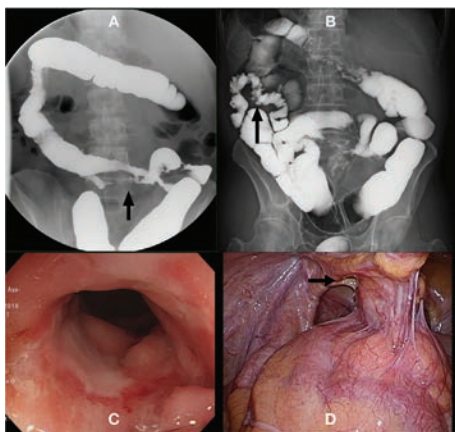


Figure 1 (A) Fistula between sigmoid colon and distal ileum. (B) One segmental stricture between lower descending to sigmoid colon with two fistulas connected to the terminal ileum. (C) Multiple ulcers were found on anastomosis site, sigmoid-descending junction, and rectum. (D) Sigmoid, terminal ileum,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

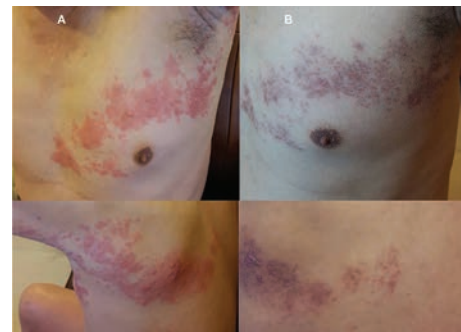


Figure 2 (A) Multiple painful vesicles developed at left T4 dermatome. (B) Herpes zoster improved after administration of oral acyclovir and discontinuation of azathioprine.

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

REFERENCES

1. Toruner M, Loftus EV Jr, Harmsen WS, Zinsmeister AR, Orenstein R, Sandborn WJ, et al. Risk factors for opportunistic infections in patients with inflammatory bowel disease. *Gastroenterology*. 2008;134(4):929-6.
2. Chandar AK, Singh S, Murad MH, Peyrin-Biroulet L, Loftus EV Jr. Efficacy and safety of natalizumab and vedolizumab for the management of Crohn's disease: a systematic review and meta-analysis. *Inflamm Bowel Dis*. 2015;21(7):1695-708.
3. Bye WA, Jairath V, Travis SPL. Systematic review: the safety of vedolizumab for the treatment of inflammatory bowel disease. *Aliment Pharmacol Ther*. 2017;46(1):3-15.
4. Khan N, Patel D, Trivedi C, Shah Y, Lichtenstein G, Lewis J, et al. Overall and comparative risk of herpes zoster with pharmacotherapy for inflammatory bowel diseases: a Nationwide Cohort Study. *Clin Gastroenterol Hepatol*. 2018.

Copyright © 2018 by the Medtext Publications LLC

Publisher Name: Medtext Publications

Manuscript compiled: Thursday 15th March, 2018

¹Corresponding author: Department of Internal Medicine, Far Eastern Memorial Hospital, No. 21, Nan-Ya South Road, Section 2, Banciao District, New Taipei City 22060, Taiwan.

E-mail: chungchenshuan_3@yahoo.com.tw