E038 A CHALLENGING CASE OF SEVERE ULCERATIVE PROCTITIS AND FATIGUE FOLLOWING SIX MONTHS' TREATMENT WITH SECUKINUMAB IN A PATIENT WITH PSORIATIC ARTHRITIS

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Background: Secukinumab is an interleukin-17 (IL-17) monoclonal antibody approved for the treatment of psoriatic arthritis and ankylosing spondylitis. Controversy exists over its association with inflammatory bowel disease (IBD). We present a patient with no prior history of bowel disease, who developed severe ulcerative proctitis and debilitating fatigue following treatment with secukinumab.
Methods: A thirty-year old man with psoriatic arthritis was commenced on secukinumab after secondary failure to three anti-TNF drugs. He demonstrated a marked improvement in disease activity scores at three months. Following six months of treatment, his arthritis remained in remission. However, he developed profuse rectal bleeding, diarrhoea and abdominal pain. He had no prior history of bowel problems. Infection was excluded. An urgent colonoscopy and biopsy demonstrated severe ulcerative proctitis and he was managed with mesalazine and oral steroids. His bowel symptoms improved, but he continued to have intermittent abdominal cramps, diarrhoea and rectal bleeding. Furthermore, he developed new-onset severe fatigue necessitating protracted sick leave from work. As the patient had been resistant to a number of biologic drugs, a decision was made to continue secukinumab at a lower dose.
Results:
Conclusion: Increasingly, new-onset IBD is being reported in patients treated with secukinumab. This poses significant challenges with regards to how we manage and support patients, particularly in those where other biologics have failed. It also questions whether we require more rigorous screening of patients prior to commencing the drug, and how we communicate its potential risks and benefits. Patients often express concerns about the safety of medications to rheumatology nurses, who have a key role in educating patients about risks and benefits so they can to make informed decisions about their treatment. Finally, this case highlights the need for further research into the role of IL-17 in the joint-gut axis and fatigue.
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