

**Title:**

**Extensive colitis associated with ixekizumab**

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## Extensive colitis associated with ixekizumab

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### Clinical case:

We present the clinical case of 56-year-old former smoker female, with family history of maternal ulcerative colitis and personal history of ankylosing spondylitis treated with ixekizumab for 3 months, who was admitted for fever, left iliac fossa pain and diarrhea without pathological products of 2 weeks of evolution. Analytically, there is an elevation of C-reactive protein (CRP 299mg/dl) and mild normocytic anemia (Hemoglobin 11g/dl, MCV 92fl). Initially, a computed tomography scan was performed showed pancolitis. Stool culture and blood cultures were negative. Rectosigmoidoscopy identified mild distal involvement (ulcers and loss of normal vascular pattern). In the presence of persistent fever, elevated CRP, and bloody diarrhea, a complete colonoscopy was performed revealing a normal terminal ileum and significant involvement of the proximal colon (deep ulcers and mucosal friability). Suspecting extensive colitis associated with ixekizumab, corticosteroids were initiated and on the 4th day, due to little improvement, Infliximab was started. At 72 hours after Infliximab, the fever subsided, and the number of bowel movements and CRP decreased.

### Discussion:

Ixekizumab is an IL-17 inhibitor approved in psoriasis, rheumatoid arthritis, and ankylosing spondylitis after anti-TNF failure. IL-17 neutralization appears to reduce inflammatory activity in these diseases. Elevated levels of IL-17 have been detected in patients with inflammatory bowel disease (IBD) suggesting a

new therapeutic target. However, 2 phase II clinical trials were suspended due to increased inflammatory activity vs placebo. In recent years, exacerbations and/or onset of IBD have been reported in patients treated with IL-17 inhibitor.

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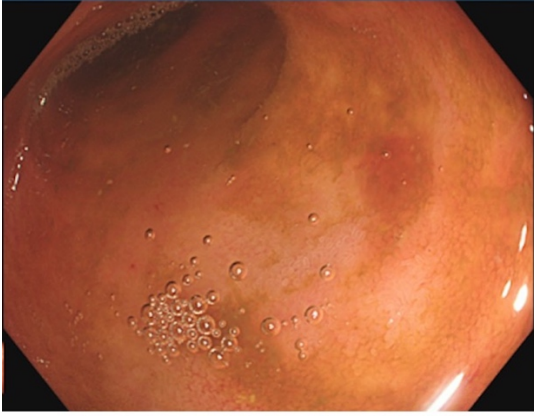


Figure 1. Endoscopic image of the terminal ileum showing no abnormalities.

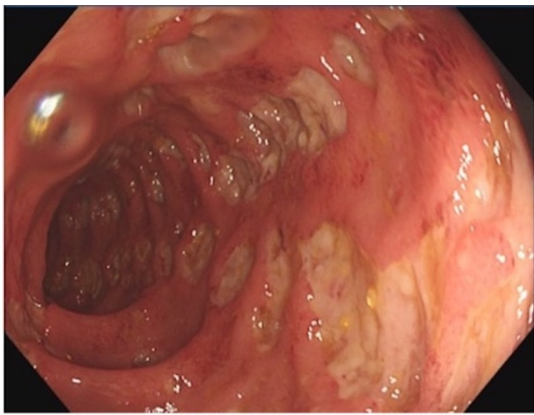


Figure 2. Endoscopic image of the right colon with deep punched-out ulcers and mucosal friability.

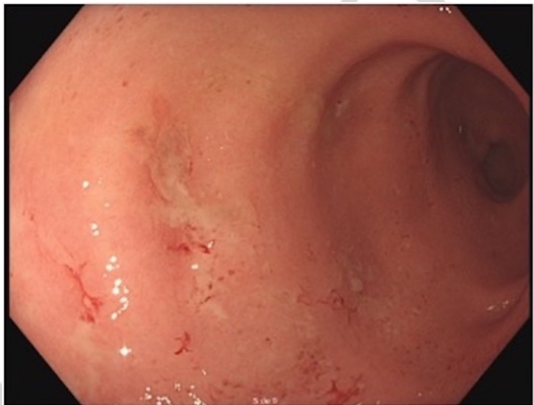


Figure 3. Endoscopic image of the sigmoid colon showing mild involvement (ulcers and loss of normal vascular pattern).