

Title:

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CE 5802 inglés

Intravenous ustekinumab reinduction as a Crohn's disease rescue strategy following a secondary non-response

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Dear Editor,

Patients who began treatment with ustekinumab before the official approval of its use for the treatment of Crohn's disease underwent a subcutaneous induction with no defined guidelines and a maintenance dosage of 90 mg every eight weeks. Following a secondary non-response in these patients, a rescue strategy was designed based on weight-adjusted intravenous reinduction. We present a case observed in our unit.

Clinical case

The case was a 51-year-old female with ileal Crohn's disease and inflammation since 18 years of age. The patient underwent treatment with infliximab, adalimumab and vedolizumab, all of which failed. Treatment began with ustekinumab prior to official approval, with an initial subcutaneous dose of 90 mg in week 0 to week 4, with a maintenance dose of 90 mg every eight weeks. The patient achieved corticoid-free clinical remission. However, after eight months she presented with a secondary non-response, associated with diarrhea, abdominal pain and arthralgia. Analysis revealed CRP at 11.23 mg/l and calprotectin at 132 mg/kg. The magnetic resonance (MR) enterography showed ileum-terminal-distal wall thickening with an ileum-ileal

fistulous tract. The patient then underwent intravenous reinduction with ustekinumab at 520 mg (weight 87 kg) and subcutaneous maintenance at 90 mg every eight weeks. There was a clinical improvement at the 4-week evaluation and remission was achieved at 12 weeks.

Discussion

Rescue from a secondary non-response to biological treatments is based on cutting the interval or increasing the maintenance dose (1-3). However, a cost-effective effect reinduction has been observed (4). Reinduction would halt the deterioration following an increase in the levels of the drug administered over a short period of time. Three cases have recently been published with similar outcomes to ours, with clinical and endoscopic improvement after intravenous reinduction (5). Weight-adjusted intravenous reinduction could be an effective guideline to induce new remission in secondary non-response patients. However, further studies are needed to support this rescue guideline as there are very few published cases on the subject.

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