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## Crohn's disease in patients treated with etanercept

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*Dear Editor,*

We present the case of a 39-year-old male treated with etanercept due to spondylitis ankylopoietica. The treatment was started in March 2017 and the patient presented with subocclusive syndrome in May 2019. Fecal calprotectine was 1,200 and NR was < 50. The colonoscopy showed an ulcerated and stenotic ileocecal valve and biopsies demonstrated non-specific inflammatory infiltrate. A magnetic resonance enterography showed two ileal stenosis of 3 and 7 cm, with proximal dilation and acute inflammatory activity. The patient improved with oral steroids and etanercept was subsequently replaced with infliximab, with a good control of both rheumatologic and bowel disease.

### Discussion

Spondylitis ankylopoietica is associated with inflammatory bowel disease and subclinical lesions are demonstrated in up to 50% of these patients (1). Etanercept is a competitive inhibitor of TNF and is indicated in various inflammatory pathologies, but not in inflammatory bowel disease. The debut of an inflammatory bowel disease has been described as a paradoxical effect of etanercept (2). The average time from the start of the treatment to the start of the inflammatory bowel disease is eight months (2). Spondylitis ankylopoietica and inflammatory bowel disease are two pathogenically related diseases via a temporal relationship. However, we should consider that the relationship is causal and not casual. In any case, a treatment for another anti-TNF, mainly infliximab, is

recommended (3).

## References

1. Rudwaleit M, Baeten D. Ankylosing spondylitis and bowel disease. Best Pract Res Clin Rheumatol 2006;20:451-71. DOI: 10.1016/j.berh.2006.03.010
2. Toussirot E, Houvenagel E, Goeb V, et al. Development of inflammatory bowel disease during antiTNF-alpha therapy for inflammatory rheumatic disease: a nationwide series. Joint Bone Spine 2012;79:457-63. DOI: 10.1016/j.jbspin.2011.10.001
3. Iriarte A, Zaera C, Bachiller-Corral J, et al. Enfermedad inflamatoria intestinal como efecto paradójico del tratamiento con anti-TNF- $\alpha$ . Gastroenterol Hepatol 2017;40:117-21. DOI: 10.1016/j.gastrohep.2016.01.011