

Title:

Tofacitinib, useful option for the treatment of pyoderma gangrenosum in an ulcerative colitis patient

Authors:

Pablo Salmón Olavarría, Saioa Rubio Iturria, Oscar Nantes Castillejo

DOI: 10.17235/reed.2021.7977/2021

Link: [PubMed \(Epub ahead of print\)](#)

Please cite this article as:

Salmón Olavarría Pablo, Rubio Iturria Saioa, Nantes Castillejo Oscar. Tofacitinib, useful option for the treatment of pyoderma gangrenosum in an ulcerative colitis patient. Rev Esp Enferm Dig 2021. doi: 10.17235/reed.2021.7977/2021.

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

Tofacitinib, useful option for the treatment of pyoderma gangrenosum in an ulcerative colitis patient

Pablo Salmón Olavarría, Saioa Rubio Iturria, Oscar Nantes Castillejo

Gastroenterology

Complejo Hospitalario de Navarra

Pamplona

Corresponding autor. Email: salmonpbl@gmail.com

Keywords: Tofacitinib. Pyoderma. Colitis.

Conflict of interest: the authors declare no conflict of interest.

Dear Editor,

Pyoderma gangrenosum (PG) is a difficult to manage ulceronecrotising dermatosis associated with inflammatory bowel disease (IBD)¹. In this article, we report a refractory PG in a patient with severe ulcerative colitis (UC) that responded to tofacitinib 10mg/12h.

She was a 69-years-old woman diagnosed in 2013 who had been refractory to mesalazine, azathioprine and infliximab. In 2019 she responded to cyclosporine and vedolizumab. In May 2020 she began with arthralgias and three skin pustular ulcerative lesions. The bigger one was located in her left knee and had a size of 4x5cm. The others, with a size of 2x2cm, were located in her left ankle (figure 1) and perianal region respectively. The suspected diagnosis of PG was histologically confirmed. It was prescribed prednisone 1mg/Kg without clinical response. She also presented diarrhoea and rectal bleeding with serum haemoglobin of 10,5mg/dl, 2×10^9 leukocytes/L, PCR of 293mg/L, hypoalbuminemia and faecal calprotectin of 6.377mg/Kg. After a rectosigmoidoscopy that confirmed severe affectation and excluded cytomegalovirus infection, it was started tofacitinib 10mg/12h. Digestive symptoms and arthralgias subsided in two weeks and pyodermical lesions were progressively improving. They finally disappeared in a month (figure 1). She only developed arterial hypertension as

adverse effect. We asked for her informed consent to publish this article.

There are three publications where tofacitinib is used to treat PG associated with Crohn disease refractory to different therapies (golimumab and cyclosporine, ustekinumab and vedolizumab). In all of them complete remission of the lesions is achieved in twelve weeks². We found an article of PG associated with refractory UC that finally responded to tofacitinib and infliximab³.

Tofacitinib has proved to be an effective treatment for refractory UC⁴. Although its effectiveness for extraintestinal manifestations has not been evaluated yet, this clinical case is an indicator of its potential role in the treatment of PG associated with UC.

BIBLIOGRAPHY

1. Pyoderma gangrenosum: a review for the gastroenterologist. *Inflamm Bowel Dis.* 2018; 24: 2510-2517
2. Kochar B, Herfarth N, Mamie C, et al. Tofacitinib for the Treatment of Pyoderma Gangrenosum. *Clin Gastroenterol Hepatol.* 2019;17(5):991-993
3. Gregory MH, Ciorba MA, Deepak P, et al. Successful Treatment of Pyoderma Gangrenosum with Concomitant Tofacitinib and Infliximab. *Inflamm Bowel Dis.* 2019;25(7):e87-e88. doi:10.1093/ibd/izz015
4. Sandborn WJ, Su C, Sands BE, et al. Tofacitinib as Induction and Maintenance Therapy for Ulcerative Colitis. *N Engl J Med.* 2017;376(18):1723-1736.





Figure 1: Pyoderma lesion before and after treatment with tofacitinib.

Accepted Article