REVISTA ESPAÑOLA DE
ENFERMEDADES DIGESTIVAS
The Spanish Journal of Gastroenterology

Title:
Successful treatment of Crohn's disease, aseptic liver abscess and psoriasis with ustekinumab

Authors:
Cong Dai, Yu-hong Huang

DOI: 10.17235/reed.2022.9155/2022
Link: PubMed (Epub ahead of print)

Please cite this article as:
Dai Cong , Huang Yu-hong. Successful treatment of Crohn's disease, aseptic liver abscess and psoriasis with ustekinumab . Rev Esp Enferm Dig 2022. doi: 10.17235/reed.2022.9155/2022.

REVISTA ESPAÑOLA DE
ENFERMEDADES DIGESTIVAS
The Spanish Journal of Gastroenterology

Successful treatment of Crohn's disease, aseptic liver abscess and psoriasis with ustekinumab

Cong Dai, PhD, MD[1]; Yu-hong Huang, MD[1]

(1): Department of Gastroenterology, First Affiliated Hospital, China Medical University, Shenyang City, Liaoning Province, China.

Corresponding author: Cong Dai, PhD, MD. Department of Gastroenterology, First Affiliated Hospital, China Medical University, Shenyang City, Liaoning Province, China, congdai2006@sohu.com.

Postal address: No. 92 of Beier Road, Heping District, the city of Shenyang.

Postal Code: 110001.

Funding: Not applicable.

Authors' contributions: Cong Dai and Yu-hong Huang had the original idea for the paper and were in charge of treatment and management of the patient. Cong Dai wrote the paper and incorporated the comments from other author. All authors reviewed and approved the final draft of the paper.

Conflicts of interest: The authors declare no conflicts of interest.

Data Availability Statement: All data are incorporated into the article*:* The data underlying this article are available in the article.

Dear Editor,

REVISTA ESPAÑOLA DE
ENFERMEDADES DIGESTIVAS
The Spanish Journal of Gastroenterology

Crohn's disease (CD) is a chronic inflammatory disorder of the gastrointestinal tract that is commonly known to affect the ileum and colon[1]. Aseptic abscess (AA) has been pathologically described as sterile abscess with a predominance of polymorphonuclear leucocyte infiltrates[2], and is considered a rare extraintestinal manifestation of CD[3]. AA presents a great challenge to physicians in determining if it is an extraintestinal manifestation of CD or an actual infection with pathogenic microorganisms[4]. There is a strong association between CD and psoriasis. But the coexistence of AA and psoriasis in CD was unusual. Ustekinumab, as an IL 12/23 inhibitor, is the only treatment with a similar mechanism currently available for both CD and psoriasis. We report a case of successful use of ustekinumab to treat a CD patient with hepatic AA and psoriasis.

A 64-year-old man with a 33-year history of CD who had been previously treated with mesalazine 3 g/day was admitted to our hospital due to fever, abdominal pain, hematochezia (more than four times per day), and a painful skin eruption for three weeks (Figure 1I, J). He had a history of recurrent liver abscess, with a total of three hospital admissions in the last year that were treated with several courses of different antibiotics. Subsequent laboratory findings were as follows: White blood cells (WBC) $12.66x10^9$/L, Hemoglobin (Hb) 88 g/L, C-reactive protein (CRP) 25.5 mg/L, and Albumin (ALB) 27.8 g/L. Stool culture and *Clostridium difficile* toxin were negative. The abdominal contrast-enhanced Computed Tomography (CT) and magnetic resonance imaging (MRI) showed that there was a thickened intestinal wall in colorectum and confluent hypodense lesion in the left liver (5.1×4.5×6.5 cm) (Figure 1A-D, H). Colonoscopy showed active inflammation (Figure 1E-G). The patient was then treated with intravenous antibiotics (Vancomycin, levofloxacin, and meropenem). Aspiration of the abscess revealed pus. The abscess was drained. Cultures of blood and the aspirate remained sterile ever after 7-day incubation. The diagnosis of this patient was considered as active CD associated with hepatic AA and psoriasis. Therefore, antibiotics were discontinued, and he was started on ustekinumab therapy. Eventually, Laboratory findings indicated that the clinical condition of this patient gradually improved: WBC $6.72x10^9$/L, CRP 6.5 mg/L, ALB 34.5 g/L and Hb 108 g/L. His fever, abdominal pain, and hematochezia improved, and

the tube was removed. Thereafter, we continued the administration of ustekinumab at the outpatient clinic.

References

1. Gajendran M, Loganathan P, Catinella AP, Hashash JG. A comprehensive review and update on Crohn's disease. Dis Mon 2018;64:20-57.
2. Fillman H, Riquelme P, Sullivan PD, Mansoor AM. Aseptic abscess syndrome. BMJ Case Rep 2020;13.
3. Andre MFJ, Piette JC, Kemeny JL, Ninet J, Jego P, Delevaux I, Wechsler B, Weiller PJ, Frances C, Bletry O, Wismans PJ, Rousset H, Colombel JF, Aumaitre O. Aseptic abscesses: a study of 30 patients with or without inflammatory bowel disease and review of the literature. Medicine (Baltimore) 2007;86:145-161.
4. Sakharpe AK, Mirmanesh M, Dunn H, Wilhelm J, Badr AS, Kohli H. A case and review of aseptic liver abscess in Crohn's disease. Int J Colorectal Dis 2016;31:787-788.

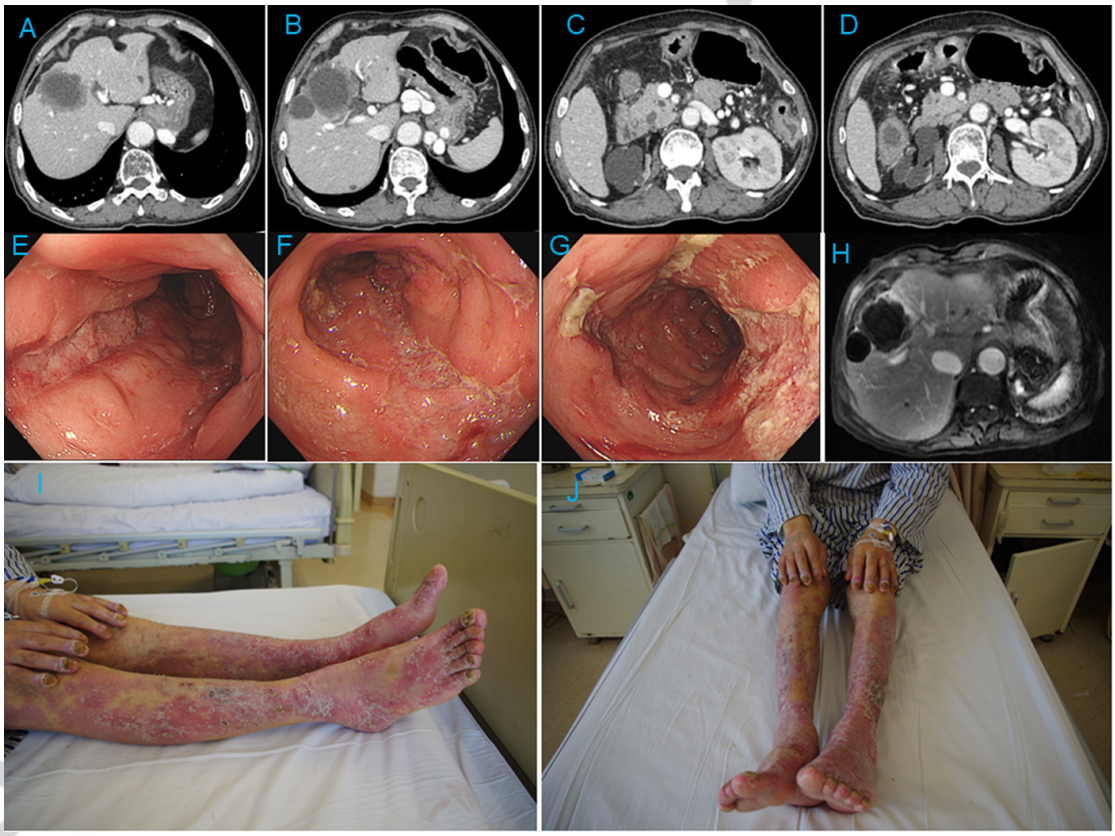

Figure Legends

Figure 1 A-D, H: Abdominal CT and MRI showed thickened intestinal wall in colorectum and confluent hypodense lesions in the left liver (5.1×4.5×6.5 cm); **E-G:**

REVISTA ESPAÑOLA DE
ENFERMEDADES DIGESTIVAS
The Spanish Journal of Gastroenterology

Colonoscopy suggested active inflammation; **I, J:** Skin eruption.