ABSTRACT BOOK ABSTRACTS



A new ERA for global Dermatology 10 - 15 JUNE 2019 MILAN, ITALY

INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

MYCOBACTERIUM ABSCESSUS INFECTION DURING USTEKINUMAB TREATMENT - A CASE REPORT

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Background: Biologics such as anti-tumor necrosis factor (TNF) agents are known to increase the risk of Mycobacterium tuberculosis reactivation. Ustekinumab blocks IL12 and IL23 activity without directly impeding the TNF pathway. IL12 and IL23 are important for the induction of Th1 and Th17 cells. While an increased risk of mycobacterial infection has been observed in individuals with inborn errors within the IL-12/23 pathway, the risk of tuberculosis infection with ustekinumab appears to be lower than for patients exposed to anti-TNF agents in clinical trials. However, the risk of non-tuberculosis mycobacterium (NTM) infection remains unknown. Here, we report the first case of a patient who developed cutaneous Mycobacterium abscessus infection while on ustekinumab treatment for Crohn's disease, who was successfully treated with combination antibiotics.

Observation: A 61-year-old lady, with 2-year history of Crohn's disease who was treated with 5 months of ustekinumab and now in remission, presented with a 2x2cm tender, fluctuant nodule over her left thigh, consistent with a localized abscess. Incision and drainage was performed, with pus emptied. Wound culture grew Mycobacterium abscessus. Mycobacterium tuberculosis and fungal cultures were negative. Skin punch biopsy reported superficial and deep perivascular infiltrate of lymphocytes, plasma cells, small aggregates of multinucleated giant cells and histiocytes within the dermis and subcutis, suggestive of granulomatous dermatitis. Ziehl Neelsen stain was negative for acid-fast bacilli. She was treated with 3 weeks of intravenous amikacin and cefoxitin and oral clarithromycin with good response. Ustekinumab was stopped with plan to switch her treatment to vedolizumab.

Key message: While ustekinumab treatment is associated with a lower risk of M. tuberculosis infection as compared with anti-TNF agent exposed patients, non-tuberculosis mycobacterium infection remains possible, albeit rare complication, for any patient who are on an immunosuppressive therapy. With this case, we highlight the possibility of Mycobacterium abscessus infection while on ustekinumab.





