MEDICAL THERAPIES AND PHARMACOLOGY

A CASE OF ADALIMUMAB-INDUCED CLINICALLY AMYOPATHIC DERMATOMYOSITIS (CADM) IN A PSORIASIS PATIENT

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Background: Tumour necrosis factor (TNF) inhibitors are now widely used in inflammatory conditions, but are also increasingly associated with autoimmune syndromes. Lupus-like syndrome and anti-TNF induced lupus (ATIL) are the most commonly reported autoimmune diseases associated with TNF-inhibitors. We report a case of clinically amyopathic dermatomyositis (CADM) with rapidly progressive interstitial lung disease (ILD) that developed after adalimumab therapy for psoriasis.

Observation: A 41-year old Chinese female with a 10-year history of psoriasis presented with inflammatory joint pains of several months. She had previously been on topicals and phototherapy. In view of the recalcitrant plaques and new-onset arthritis, adalimumab was initiated. After the first 2 injections, the arthritis and psoriatic plaques resolved. At week 5, prior to the 3rd dose, she developed fatigue, dyspnea and new rashes. Examination revealed ragged cuticles and Gottrons papules and plaques on the knuckles and elbows. She had violaceous patches on the face and a poikilodermatous, photodistributed eruption on the forearms, chest and back. Skin biopsy was consistent with dermatomyositis (DM). Muscle enzymes were normal, and myositis panel was positive for MDA5 and Ro52. CT scan showed ground-glass opacities in the lungs. Diagnosis of CADM with rapidly progressive ILD was established. Adalimumab was discontinued and she was referred to Rheumatology and started on IV methylprednisolone, IV rituximab and oral mycophenolate mofetil.

Key message: With the increasing use of anti-TNF agents in dermatology and rheumatology, clinicians should be aware of their potential to paradoxically induce autoimmune conditions, some of which may be life-threatening. While various hypotheses have been discussed in the literature, the pathogenesis of these anti-TNF induced autoimmune diseases, such as lupus and DM, remains unclear. Clinical presentations can exhibit symptomatic overlap with that of pre-existing dermatologic and rheumatological diseases. As such, thorough examination and serial monitoring throughout the course of anti-TNF therapy is important.