



PSORIASIS

DISSEMINATED TUBERCULOSIS FOUND IN A PSORIASIS PATIENT AFTER AN ADALIMUMAB TREATMENT

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Background: Recently, biologic therapy has become a major advance in the management of moderate-to- severe psoriasis. Although the overall safety profile of biologics is favorable, primary infection or reactivation of latent tuberculosis (TB) is the major concern in the settings of tumor necrosis factor- α (TNF- α) inhibitor therapy. Individuals with latent TB infection (LTBI) at risk of developing active TB must be identified for appropriate prophylactic treatment. Herein, we describe a very rare case of disseminated TB in psoriasis patient during adalimumab therapy despite the chemoprophylaxis of TB.

Observation: A 27-year-old woman has been treated with adalimumab due to psoriasis. As latent TB was detected by the QuantiFERON TB gold test before adalimumab therapy, she was treated with prophylactic isoniazid for 6 months. After 22 times injection of adalimumab, she visited emergency department due to fever and back pain for 2 weeks. Abdominopelvic computed tomography (CT) revealed multiple nodular lesions on the peritoneal wall, mesentery and spleen with ascites. In ascitic fluid, adenosine deaminase (ADA) was increased to 96.4U/L and mycobacterium tuberculosis grew in acid-fast bacilli culture. Chest CT also showed multiple nodular lesions on both lungs. She was diagnosed as disseminated TB. After stopping adalimumab and treating with conventional TB medication, symptoms were improved.

Key message: As patients treated with TNF- α inhibitor run a higher risk of severe and extrapulmonary TB, physicians should always be cautious of TB infection during the treatment and are strongly advised for an annual screening.

