



PSORIASIS

FATAL FAILURE OF TUBERCULOSIS TEST IN PSORIASIS TREATMENT WITH A TNF ALPHA BLOCKER

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Background: Reactivation of tuberculosis (TB) under TNF alpha antagonists (TNFai) is a known phenomenon. The exclusion of TB before starting therapy is a must. Well-established standards recommended by guidelines are chest x-ray and an Interferon-Gamma Release Assay (IGRA). We report a case of life-threatening miliary tuberculosis after starting adalimumab treatment for severe psoriasis in spite of negative previous investigations.

Observation: An 87-year-old female presented with fever of unknown origin for several weeks, night sweats, non-productive coughing and weight loss. The patient had used adalimumab 40 mg every other week for 3 months for severe plaque-type psoriasis (PASI 33.4). Pre-treatment chest x-ray and IGRA had been negative. Clinical exam did not reveal any positive findings. The laboratory at presentation showed mildly elevated liver enzymes and elevated CRP (177 mg/l). A repeated IGRA taken 12 weeks after start of symptoms was negative again. A liver biopsy showed a granulomatous hepatitis and the TB-PCR was positive. In the computer tomography TB spots were found disseminated in both lungs. A third IGRA performed 13 weeks after presenting with fever was positive. Under antibiotic treatment with isoniazide, rifampicine, pyrazinamid and ethambutol the patient is in stable disease but after a total of 14 weeks still treated in intensive care.

Key message: We describe a patient treated with adalimumab who developed miliary tuberculosis in spite of previous negative screenings for tuberculosis by chest x-ray and IGRA. Consecutive tests after developing symptoms of TB were negative and only liver biopsy showed TB-associated hepatitis. Studies identified increased age, lymphopenia, increased CRP and decreased protein levels as risk factors for false-negative IGRA each being present in our patient. TNFai treatment needs special consideration in such patients. We suggest an alternative systemic therapy for psoriasis than TNFai in cases with these risk factors.

