the
ultimate CME network

Case History

A Patient No Longer

Responding to Infliximab

History of Present Illness

- A 39-yr-old woman, diagnosed with Crohn's ileocolitis 7 years ago, is referred with medically refractory disease
- Currently has 6–8 bowel movements (BM) per day with cramps, nocturnal BM, occasional blood per rectum, and a 20-lb weight loss over 6 months
- Medications: Prednisone 20 mg daily
- Review of systems
  - Nausea and vomiting chronically; extensive work-up is negative
  - Arthritis in lower extremities
  - Headaches
  - Denies anxiety

Medical History

- Past medical history
  - Mesalamine and budesonide helped initially
  - 6-mercaptopurine and methotrexate were tried after initial therapies failed but were poorly tolerated
  - Patient had a good response to prednisone but relapsed repeatedly when tapered off drug
  - Infliximab was given twice 1 year ago with good response; on the third attempt, she had no response and developed significant shortness of breath
- Past surgical history: Laparoscopy for endometriosis, tubal ligation
- Family history: No IBD or colorectal cancer
- Social history: Married; employed; no tobacco, alcohol, drugs

Clinical Evaluation

- Physical exam
  - Thin woman in no apparent distress
  - Moon facies
  - Abdomen soft, mild RLQ and LLQ tenderness with no mass
  - Rectal exam: No perianal disease
- Laboratory
  - Hct: 31.9% (normal 36–46)
  - CRP: 9.2 mg/L (normal <6.3)
  - Albumin: 3.0 g/dL (normal 3.4–4.7)

Colonoscopy

- Moderately to severely erythematous, friable, ulcerated mucosa 15–50 cm from the anal verge
- Remainder of colon was normal
- Inflammation in ileum
- Ileocecal valve was narrowed and ulcerated
- Pathology
  - Ileum (biopsy): Chronic active ileitis with ulceration and granulation tissue; epithelial reactive changes
  - Sigmoid colon (biopsy): Chronic active colitis and cryptitis with granulation tissue and ulceration; mild architectural distortion

What Would Your Next Step Be?

- Start infliximab 10 mg/kg IV plus IV/po corticosteroids to prevent infusion reactions
- Start adalimumab SQ
- Start certolizumab pegol SQ
- Start natalizumab 400 mg IV q 4 weeks
- Admit for parenteral glucocorticoid therapy
- Refer for surgery