

# INFLIXIMAB IN REFRACTORY COELIAC DISEASE

S. Fernández Cañabate, J. Varela González-Aller, M.E. Cárdena García, A. De Frutos Soto.  
Hospital Clínico Universitario de Valladolid, Pharmacy, Valladolid, Spain.

**Background:** Refractory Coeliac disease (RCD) is a rare but serious complication of celiac disease and is characterized by non-responsiveness to a gluten free diet in the presence of a clonal population of T lymphocytes within the small intestine. The risk of progression from RCD to enteropathy-associated T-cell-lymphoma is estimated at 60-80% and is associated with a poor survival.

**Purpose:** Therapeutic options for RCD are limited. Immunosuppressions with corticosteroids, thiopurines and infliximab have been used but indeed promote the progression to lymphoma.

**Material and methods:** 72-year-old female with a four years history of celiac disease. She initiates glutenfree diet and pharmacological treatment with azathioprine and oral corticosteroids. Some improvement in her symptoms was observed but this was not sustained. Therefore, Infliximab treatment 5mg/kg every 8 weeks was initiated.

**Results:** February/2014, the patient began to receive therapy with Infliximab. Response to treatment after 6 months was partial, maintaining a weight of 47kg and without diarrhea, although she continued with hypoalbuminemia-cholesterolaemia and anaemia.

August/2014, Infliximab treatment was cancelled owing to a surgical intervention.

September/2014, the patient weighed 37kg and was admitted in the hospital with severe diarrhea. During hospital stay, Infliximab treatment began again. April/2015, the patient weighed 50kg and had a blood test levels in the normal range.

September/2015, the patient suffered musculoskeletal pains, mild fever (37.5°C) and weight loss of 5kg.

3/December/2015, the patient got an infliximab dose, after which began with dark urine, musculoskeletal pains, chills, and diarrhea.

17/December/2015, the patient admitted in the hospital by deterioration in her general health, fever, important musculoskeletal pains which impede walking and anti-*infliximab antibodies* levels of 2,27. In the absence of a response, Infliximab was stopped. 4/January/2016, CT scanning of the abdomen/ thorax was performed in which metastatic pericardium, bone and pancreatic disease was observed.

12/January/2016 a biopsy was performed which determined ALK-negative-anaplastic large cell

lymphoma. 25/January/2016 the patient's condition aggravated and finally the patient died as a result of multiple organ failure caused by lymphoma.

**Conclusion:** Infliximab is an effective treatment that may be considered in a small number of patients with refractory celiac disease, resistant to other therapy due to increase lymphoma risk.

**References and/or Acknowledgements:** None. No funding to declare