INFLIXIMAB IN REFRACTORY COELIAC DISEASE

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 gluten-free 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 (37.5ºC) 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 metastasic 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