Granuloma Annulare, Drug-Induced Lupus and Certolizumab-Pegol Therapy

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Clinical Image

A 28-year-old female patient with Crohn’s disease presented with progressive arthralgia, morning stiffness and a rash on her upper limbs. Symptoms developed insidiously during certolizumab-pegol (CZP) therapy. In parallel an increase of ANA developed (homogeneous, 1:320). ENA-screening, including histone antibodies, was negative. Histopathologically a granuloma annulare (GA) was diagnosed and in summary, diagnosis of a drug-induced lupus (DIL) was clinically established. Treatment cessation with CZP resulted in regression of these symptoms (Figure 1-3).

DIL is a typical adverse event of TNF-antagonists [1,2]. Appearance of GA as a symptom during TNF-antagonists therapy is rare and only in case reports documented [3-5]. No case of GA was described to our knowledge neither secondary to CZP therapy nor in association with DIL.

Occurrence of GA during TNF-antagonists therapy should be considered for new unclear skin manifestations. A routine clinical examination including ANA-titer measurement is recommended during TNF-antagonists therapy.
Figure 3: Interstitial component with mainly histiocytes, perivascular component with mainly lymphocytes (H and E, Original magnification ×200).

References


