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Cline, Abigail
Pichardo, Rita O

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Successful treatment of hidradenitis suppurativa in the setting of Crohn disease with combination adalimumab and ustekinumab

Abigail Cline¹ MD PhD, and Rita O Pichardo² MD

Affiliations: ¹Department of Dermatology, Center for Dermatology Research, Wake Forest School of Medicine, Winston-Salem, North Carolina, USA, ²Department of Dermatology, Wake Forest School of Medicine, Winston-Salem, North Carolina, USA

Corresponding Author: Abigail Cline, Department of Dermatology, Wake Forest School of Medicine, Medical Center Boulevard, Winston-Salem, NC 27157-1071, Tel: 336-716-7740, Fax: 336-716-7732, Email: aecline2@wakehealth.edu

Abstract

Herein we report the combination of adalimumab and ustekinumab to successfully treat a 39-year-old woman who presented for evaluation of hidradenitis suppurativa in the setting of Crohn disease of both the small and large intestine. The patient reported previous control of her hidradenitis when she was using adalimumab for her Crohn disease. She had recently been started on ustekinumab for Crohn disease and had flaring of her hidradenitis. The patient re-started on adalimumab weekly and ustekinumab every 8 weeks. After one month, the patient reported clear improvement in her hidradenitis and Crohn disease with the combined therapy.

Keywords: hidradenitis suppurativa, Crohn disease, adalimumab, ustekinumab, biologics

Introduction

Hidradenitis suppurativa (HS) is characterized by recurrent abscesses, persistent pain, sinus tract formation, and scarring. This disorder has multifaceted clinical features and an unpredictable disease course that can make management challenging. Hidradenitis suppurativa shares several clinical features and pathogenic links with Crohn disease (CD), and observational studies have suggested they are linked [1, 2]. Herein, we report a patient with severe HS and CD that was refractory to

multiple treatments but responded well to combination adalimumab/ ustekinumab.

Case Synopsis

A 39-year-old woman presented for evaluation of HS in the setting of Crohn disease of the both the small and large intestine (CD). The patient had HS Hurley stage III of the axilla, groin, and medial thighs for several years. Past treatments for HS included rifampin and spironolactone, which had no effect. Past treatment for her CD included adalimumab, methotrexate, mesalamine, infliximab, azathioprine, golimumab, certolizumab pegol, and multiple surgeries. The patient reported limited benefit or adverse side effects to many medications used to treat CD. Most recently, the patient started on ustekinumab for CD. During evaluation for HS, the patient reported that she had good control of her HS when she was using adalimumab for CD.

Discussion with her gastroenterologist led to a regimen of adalimumab for HS and ustekinumab for CD. The patient started on adalimumab 80mg loading dose, followed by 40mg weekly, and ustekinumab 90mg every 8 weeks. The patient followed-up in clinic two months after starting the loading dose.

At the follow-up visit, the patient report clear improvement in her HS with the combined therapy. She reported tolerating the medication well with no side effects or recently infections. Physical

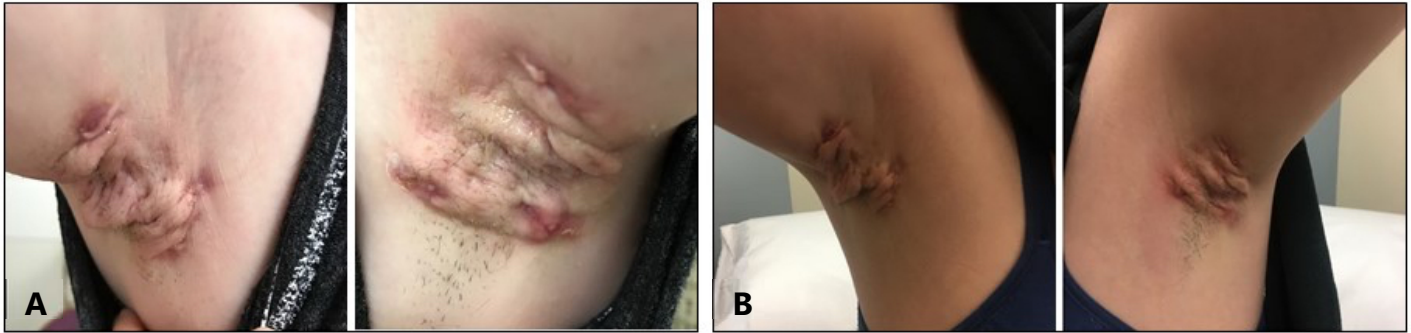


Figure 1. Clinical response of bilateral axillae to adalimumab and ustekinumab combination therapy **A)** before, and **B)** after treatment.

examination demonstrated small draining nodules in the bilateral axillae as well as scarring and sinus tract formation; however, this was much improved from her previous encounter (**Figure 1**). The patient continues on adalimumab and ustekinumab without complaint.

Case Discussion

The association of CD and HS has garnered attention. A recent paper observed a prevalence of 2% for CD among HS patients, with HS patients three times more likely to have CD than those without HS [3]. Hidradenitis suppurativa and CD are both associated with significant physical and psychological morbidity, as well as difficult management issues. Biological agents, including tumor necrosis factor inhibitors are approved to treat both conditions. The benefit of adalimumab for HS was first reported in a patient with inflammatory bowel disease and

concomitant HS [4]. However, paradoxical HS has been reported in patients with inflammatory bowel disease treated with adalimumab [5, 6].

Conclusion

Currently, HS remains a difficult disease to treat with great unmet medical needs for moderate and severe forms. To our knowledge, this is the first case of effective treatment of HS in the setting of CD with combination adalimumab and ustekinumab. Although a patient's insurance may hesitate to approve the use of two biological medications for treatment, we hope this case may help guide future management of similarly difficult cases.

Potential conflicts of interest

Abigail Cline declares no conflicts of interests. Rita Pichardo is a consultant for Abbvie.

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