

CROHN'S-LIKE COLITIS INDUCED BY ANTI-IL-17 IXEKIZUMAB IN A PATIENT WITH REFRACTORY PSORIASIS: A CASE REPORT

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Poster

IBD

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A 67-year-old woman with refractory psoriasis on Ixekizumab (anti-IL-17) developed severe inflammatory proctocolitis with features of Crohn's-like colitis, which resolved after discontinuing Ixekizumab and initiating Infliximab.

KEY POINTS

- The patient presented with chronic abdominal pain, diarrhea (>10 bowel movements/day), rectal bleeding, anemia (9.9g/dL), and elevated C-reactive protein (181mg/L) while on Ixekizumab for psoriasis and arthritis refractory to methotrexate and ustekinumab.
- Endoscopy revealed deep ulcers in the rectum and sigmoid; CT showed sigmoid colon and rectum wall thickening; histopathology showed chronic inflammation and excluded CMV infection, supporting Crohn's-like colitis possibly triggered by Ixekizumab.
- Ixekizumab was discontinued and clinical remission was induced with Infliximab after corticosteroid failure; the patient achieved clinical remission and endoscopic response on Infliximab plus methotrexate.
- The authors suggest this case indicates a possible association between anti-IL-17 therapies and de novo IBD onset, highlighting the need for surveillance of patients receiving these therapies.

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