PREDICTIVE FACTORS OF ADVERSE SKIN REACTIONS DURING BIOLOGIC THERAPY FOR INFLAMMATORY BOWEL DISEASES IN CHILDREN - PRELIMINARY DATA FROM CZECH NATIONAL REGISTRY BASED PROSPECTIVE STUDY

Eva Karásková

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A prospective registry study of 423 paediatric inflammatory bowel disease patients identifies female sex, family history of atopic diseases, and anti-TNF therapy as predictors of cutaneous adverse effects during biologic treatment.

KEY POINTS

- Among 544 biologic treatment courses in paediatric IBD patients, cutaneous adverse events occurred in 108 observations, with atopic (9%), psoriatic (34%), and pustulotic (13%) manifestations.
- In multivariate analysis, anti-TNF therapy showed the strongest association with cutaneous adverse effects (HR 6.84, 95% CI 1.98–23.63, p<0.01) compared to vedolizumab and ustekinumab.
- Female sex (HR 1.82, 95% CI 1.18–2.81, p=0.01) and family history of atopic diseases (HR 1.82, 95% CI 1.13–2.91, p=0.01) were also significant predictors of cutaneous adverse effects.
- Crohn's disease diagnosis, biologically naïve status, and concomitant immunomodulator use were not significant predictors in the multivariate model.
- The authors suggest these preliminary findings from the Czech National Prospective Registry may inform biologic selection in paediatric IBD patients at risk for skin reactions.

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