UPADACITINIB-INDUCED REMISSION OF SEVERE LEUKOCYTOCLASTIC VASCULITIS IN A YOUNG PATIENT WITH VERY EARLY-ONSET CROHN'S DISEASE

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An 18-year-old female with Crohn's disease developed leukocytoclastic vasculitis while on adalimumab in clinical remission and was successfully treated with off-label upadacitinib, a JAK1 inhibitor, achieving sustained remission of both conditions at six months.

KEY POINTS

- The patient developed painful purpuric and ulcerated skin lesions on both lower limbs in November 2023 despite being in clinical and biochemical remission (CRP <0.5 mg/L, fecal calprotectin <50 µg/g) on adalimumab 40 mg weekly.
- Skin biopsy confirmed leukocytoclastic vasculitis with perivascular neutrophilic infiltrates, nuclear debris, and fibrinoid necrosis; infectious and autoimmune screening (ANA, antiphospholipid antibodies, p-ANCA, c-ANCA) were negative.
- Adalimumab was discontinued and corticosteroids initiated, but lesions worsened requiring hospitalization and escalation to prednisone 50 mg/day plus intravenous cefazolin for partial improvement.
- A multidisciplinary team initiated off-label upadacitinib 30 mg/day (a selective JAK1 inhibitor), leading to improvement in vasculitic lesions after four weeks and successful corticosteroid taper.
- At six-month follow-up on upadacitinib monotherapy, the patient maintained sustained clinical and biochemical remission of both Crohn's disease and leukocytoclastic vasculitis without adverse events.

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