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Summary

A CHALLENGING NEW-ONSET IXEKIZUMAB-ASSOCIATED COLITIS: BIOLOGIC THERAPY OR SURGERY?

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A 32-year-old woman on ixekizumab for psoriasis developed severe colonic ulceration with rectal bleeding, anemia, and a pelvic abscess requiring surgical intervention.

KEY POINTS

- The patient presented with increased stool frequency and rectal bleeding, with laboratory findings showing CRP 107 mg/dL, hemoglobin 7.8 g/L, and fecal calprotectin 2001 microg/g.
- Colonoscopy revealed multiple large deep ulcers in the colon and rectum with active arterial bleeding requiring hemoclip deployment, while the ileum appeared normal.
- Histology showed acute inflammation described as non-typical for IBD, and ixekizumab was discontinued.
- CT imaging demonstrated colonic wall thickening and a 6 cm abscess in the left rectal ischial fossa.
- Surgical management included abscess drainage and protective ileostomy creation in preparation for future biological therapy.

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