INTRAVENOUS TROUGH LEVEL GUIDED DOSE INTENSIFICATION OF USTEKINUMAB FOR REFRACTORY SEVERE PYODERMA GANGRENOSUM

Hans Peter Gröchenig

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A case report describes successful treatment of severe pyoderma gangrenosum refractory to glucocorticoids in a Crohn's disease patient using intravenous ustekinumab re-induction guided by trough level monitoring.

KEY POINTS

- A 30-year-old female with Crohn's disease on maintenance ustekinumab 90 mg subcutaneously every 4 weeks developed severe pyoderma gangrenosum on the right lower leg refractory to glucocorticoids.
- Serum ustekinumab trough concentration before pyoderma gangrenosum onset was 1.93 µg/ml and had declined despite the intensified dosing schedule.
- Intravenous re-induction with 130 mg ustekinumab given three times at 4-week intervals increased trough levels to 8.35 µg/ml at 4 weeks and 7.28 µg/ml at 8 weeks, with complete remission of pyoderma gangrenosum achieved at 20 weeks after onset.
- Literature review identified successful pyoderma gangrenosum treatment with ustekinumab in 9 IBD patients (8 achieving complete remission) and 7 non-IBD patients, but no prior data on trough level monitoring in this context.
- The authors suggest intravenous ustekinumab dose intensification could be an option for severe pyoderma gangrenosum cases, though further studies correlating trough levels with clinical response are needed.

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