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Summary

DISSEMINATED TUBERCULOSIS AFTER INFLIXIMAB USE IN A PATIENT WITH CROHN'S DISEASE

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UEG Week Berlin 2025 | Poster

IBD

October 4, 2025

A 40-year-old woman with Crohn's disease developed disseminated tuberculosis three months after switching from adalimumab to infliximab despite negative pre-treatment screening.

KEY POINTS

- The patient presented with systemic decline, weight loss, cough, and neurological signs including left-sided weakness, hyperreflexia, dysmetria, and gait ataxia three months after starting infliximab.
- Chest CT showed multiple centrilobular micronodules with tree-in-bud pattern in upper lobes, and brain MRI revealed a 13 mm peripherally enhancing brainstem lesion with central necrosis in the right pons and midbrain.
- Disseminated tuberculosis was diagnosed based on clinical presentation, epidemiological context, and anti-TNF-α therapy despite negative bronchoalveolar lavage for acid-fast bacillus and mycobacterial culture.
- Treatment with rifampin, levofloxacin, and ethambutol for 9 months achieved clinical cure but left permanent sequelae including left-sided weakness, gait ataxia, bilateral hearing impairment, and persistent scarring in brainstem and lungs.
- This case illustrates the risk of severe infections with TNF-α inhibitors and emphasizes the importance of thorough screening before initiating biologic therapy in Crohn's disease.

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