

DERMAL LESIONS ASSOCIATED WITH ANTI-TUMOR NECROSIS FACTOR THERAPY IN PATIENTS WITH INFLAMMATORY BOEWL DISEASES: INSIGHTS FROM A IBD TERTIARY CENTER IN POLAND - A SINGLE-CENTER, RETROSPECTIVE STUDY

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Poster

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A retrospective Polish study of 541 TNF-treated and 805 non-TNF-treated IBD patients found dermal lesions occurred significantly more frequently in the TNF group (34.75% vs. 16.89%, $p < 0.00001$), though treatment discontinuation was rare (1.66%).

KEY POINTS

- Dermal lesions were significantly more common in TNF-treated IBD patients (34.75%) compared to controls (16.89%) during mean follow-up of approximately 20 months.
- Infusion/injection site reactions (5.55% vs. 0%), cutaneous infections (7.76% vs. 0%), and psoriasiform reactions (1.48% vs. 0%) were significantly associated with TNF therapy.
- Most IBD-associated dermal lesions including erythema nodosum, pyoderma gangrenosum, psoriasis, and hidradenitis suppurativa showed no significant difference between TNF-treated and control groups.
- Only 9 patients (1.66%) discontinued anti-TNF therapy due to dermal lesions (alopecia, lupus-like syndrome, vasculitis, or melanoma).
- The authors suggest regular dermatological supervision during biological therapy may be justified despite the absence of clear guidelines.

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