IS USTEKINUMAB EFFECTIVE IN CROHN'S DISEASE PATIENTS WITH PARADOXICAL SKIN REACTIONS CAUSED BY TUMOR NECROSIS FACTOR-ALPHA INHIBITORS?

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UEG Week Copenhagen 2023 | Poster

IBD

October 15, 2023

A retrospective study of 54 Crohn's disease patients found that ustekinumab achieved 90% partial or complete response of skin lesions caused by paradoxical reactions to prior TNF-α inhibitors, with comparable one-year treatment continuation rates to patients without such reactions.

KEY POINTS

- Among 10 patients with paradoxical skin reactions to TNF-α inhibitors, ustekinumab achieved complete response in 50% and partial response in 50%, for a combined 90% response rate across psoriasiform eruptions, folliculitis, palmoplantar pustulosis, and atopic dermatitis exacerbations.
- One-year cumulative continuous treatment rates were 70% in the paradoxical reaction group versus 56.3% in the no-reaction group, with no statistically significant difference between groups (P = 0.349).
- Cox regression analysis confirmed that history of skin paradoxical response was not associated with ustekinumab sustained efficacy (HR 0.60, P = 0.35), while disease behavior phenotypes B2 and B3 were associated with better outcomes compared to B1.
- The study enrolled patients who received ustekinumab as second or third-line biologic therapy between June 2017 and September 2020, with prior exposure to infliximab or adalimumab.
- This material is relevant for clinicians managing Crohn's disease patients who develop paradoxical skin reactions to TNF-α inhibitors and are considering therapeutic alternatives.

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