Case Report: Acute Intussusception Caused by Suspected Secukinumab-induced Inflammatory Bowel Disease

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INTRODUCTION

Secukinumab (Cosentyx) is a monoclonal antibody that functions by inhibiting the proinflammatory cytokine IL-17. It is effective in treating several inflammatory conditions such as plaque psoriasis, ankylosing spondylitis, and hidradenitis suppurativa. Despite its anti-inflammatory function, there are an increasing number of case reports which describe patients developing inflammatory bowel disease (IBD) after initiating therapy. We present a case of new onset right lower quadrant pain in a young female patient, ultimately diagnosed with IBD thought to be due to Cosentyx therapy.

CASE PRESENTATION

A 38-year-old female presented with several days of progressive right lower quadrant abdominal pain associated with multiple episodes of diarrhea. She had a history notable for hidradenitis suppurativa managed with adalimumab (Humira) but was transitioned to Cosentyx by her dermatologist two months prior. Workup was significant for leukocytosis, terminal ileitis, and a 4.3 cm ileocolic intussusception. Given this clinical presentation, we theorized that the ileitis was secondary to the intussusception. The patient was subsequently started on antibiotics and taken to the operating room for diagnostic laparoscopy. Intraoperatively, the intussusception had spontaneously reduced, and a short segment of inflamed terminal ileum was encountered. Postoperatively, the patient's pain significantly improved.

She was discharged from the hospital the following day with a course of amoxicillin/clavulanate, only to be readmitted three days later with continued fevers, leukocytosis, and diarrhea. She was transitioned to ciprofloxacin and metronidazole and discharged several days later following a negative infectious disease workup and improvement in her symptoms. She followed up with gastroenterology and was diagnosed with Crohn's disease based on ileal biopsy. Her symptoms continually improved following discharge, and she was restarted on Humira several months later. Follow-up magnetic resonance enterography demonstrated improved inflammation suggesting Crohn's disease remission. At this time, it is more than two years after initial presentation, and the patient has had no further episodes of abdominal pain.

RELEVANT IMAGES

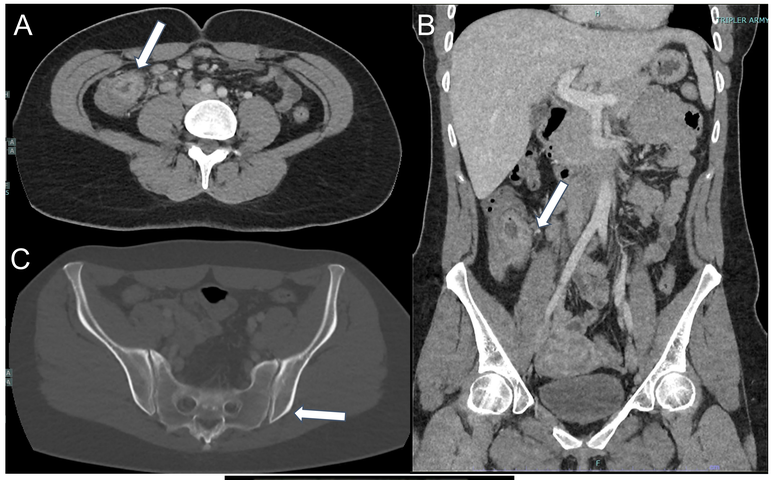


Figure 1. CT abdomen/pelvis obtained on presentation

A. Axial image of abdomen demonstrating inflamed and intussuscepted terminal ileum

B. Coronal image of abdomen demonstrating inflamed and intussuscepted terminal ileum

C. Axial image of abdomen demonstrating mild sacroiliitis

Figure 2. CT abdomen/pelvis obtained on re-presentation

Persistent terminal ileitis.



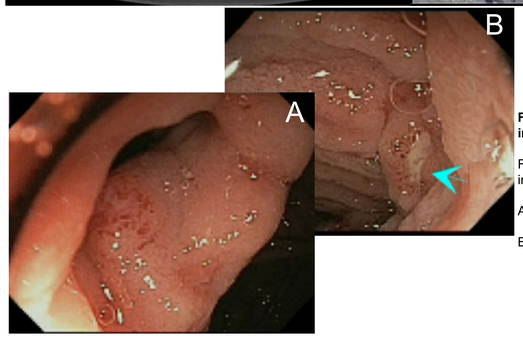


Figure 3. Outpatient colonoscopy images

Findings of ~10cm of terminal ileal inflammation.

A. Ileocecal valve inflammation.

B. Terminal ileum apthous ulcer.

DISCUSSION

Cosentyx was originally developed to help treat multiple inflammatory conditions, including IBD. Conversely, it was found in phase II trials to be ineffective for treatment of IBD and even led to more adverse events when compared to placebo. However, the incidence of these events are rare and a causal relationship between Cosentyx and IBD has not been established.

CONCLUSIONS

This case demonstrates the importance of a thorough history and physical exam. In this patient with vague right lower quadrant pain, the differential is wide and includes infectious, inflammatory, vascular, congenital, traumatic and autoimmune causes. Cosentyx-induced terminal ileitis should be considered in the appropriate clinical setting.

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