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Baricitinib Treatment for Chronic Refractory Graft Versus Host Disease: A Case Report.

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INTRODUCTION

cGVHD is one of the most challenging complications after allogeneic stem cell transplantation with a high risk of late morbidity and mortality.
Baricitinib is a selective JAK1 and JAK2 inhibitor approved for treating rheumatoid arthritis and atopic dermatitis.
The preliminary result of a phase 1/2 study evaluating the efficacy and safety profile of baricitinib for the treatment of cGVHD was positive and showed that it was well tolerated.

CASE

59-year-old man diagnosed with a myelodysplastic syndrome classified as refractory anemia with excess blast type I in 2015.

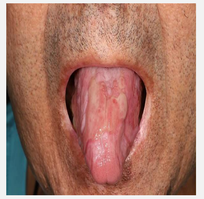
Allogeneic peripheral stem cell transplantation from a phenoidentical HLA male donor (10/10) was done in June 2016.

Conditioning regimen: fludarabine (30 mg/m^2), busulfan (6.34 mg/kg), and anti-thymocyte globulin (ATG) (5 mg/kg).

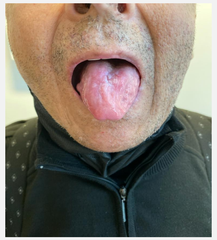
Prophylaxis for GVHD : Cyclosporine and mycophenolate mofetil.

Day 30 post-transplantation: he was hospitalized for acute GVHD with cutaneous manifestations, hepatic, and gastric.

Treatment: high-dose corticosteroids with no response, then ATG, and then etanercept leading to a partial response.



cGVHD: Oral lichen lesions resistant to multiple lines of treatment.



Disapperance of lesions after treatment by Baricitinib

CASE

He then began having intrabuccal and cutaneous lichen planus lesions diagnosed as cGVHD.

Multiple lines of treatment: steroids, ruxolitinib, methotrexate, efavaleukin alpa, vedolizumab, and finally baricitinib leading to a complete remission 2 months after the start of the treatment until now.

CONCLUSION

Treatment of cGVHD remains a challenge with an ultimate target to reduce symptoms and improve quality of life.

Participation in a clinical trial should be considered for eligible patients. Multiple emerging studies seem promising with most strategies targeting regulatory B and T cells to decrease inflammation and fibrosis.