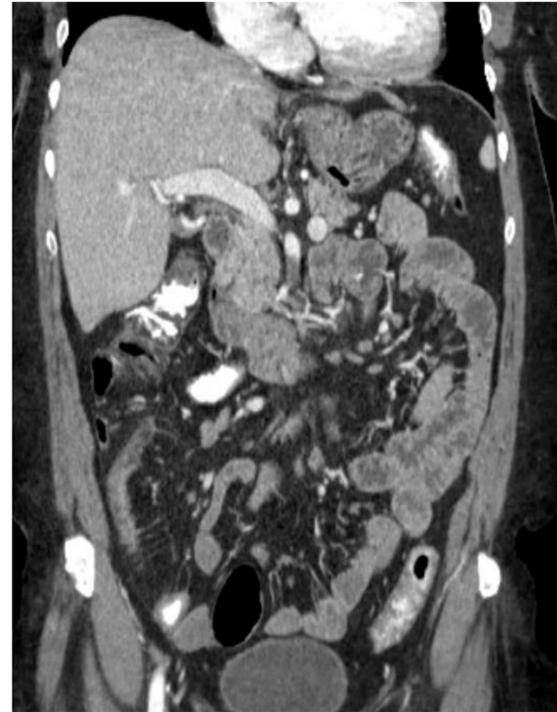


Introduction

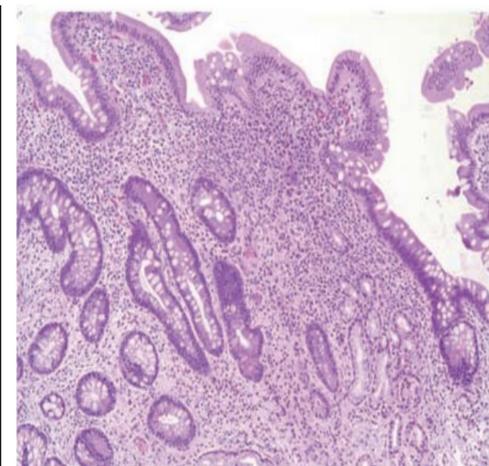
- Rituximab is monoclonal antibody directed against CD-20 receptors of B lymphocytes. It's a very commonly used agent for B lymphocyte related malignancies and for several autoimmune rheumatological agents. Gastrointestinal related toxicities of Rituximab is a well-known entity.
- Most of the GI toxicity are self-limited and resolve when Rituximab is stopped. Recently some cases of Rituximab causing IBD have been reported but most of these cases are limited to colonic involvement. We present a case of ileocolonic Crohn's caused by chronic use of Rituximab.

Case Description

- A 57-year-old female with a history of Interstitial Lung disease and Mixed connective tissue disease on chronic therapy with Mycophenolate and Rituximab.
- The patient presented with abdominal pain, diarrhea and unintentional weight loss. On Initial work up CT abdomen showed Mural thickening in TI, Cecum, and Ascending colon with enteric lymphadenopathies.
- Rituximab was stopped, and the dose of Mycophenolate was reduced, and the patient underwent colonoscopy for further evaluation which showed Inflammatory changes in terminal Ileum and biopsy showed severe active ileitis, along with mild chronicity and mildly active colitis in transverse colon.
- Initially patient opted for watchful waiting but when symptoms continued to be bothersome long term maintenance therapy with Ustekinumab was started after the initial induction.
- At the six month follow up interval MR enterography showed resolution of the inflammatory changes and all her inflammatory markers normalized.



Mural thickening of terminal ileum, cecum and ascending colon. Target sign in TI with fat density. Enteric lymphadenopathies



Inflammatory Changes in the terminal Ileum

Discussion

- With The increasing use of Immunomodulator therapy, including Rituximab, more and more patient present with Gastrointestinal adverse effects. Most of these cases are usually self-limited and only require supportive therapy. In the rare cases with prolonged use of Rituximab the patients can develop either microscopic colitis or Inflammatory Bowel disease.
- The subset of IBD that develops secondary to use of Rituximab is usually less severe and mostly limited to colon. However, the current case not only being severe but also extending beyond the colon, highlights the need to perform further studies to study the natural history and disease course.
- In addition, it is unclear what the best biological agent of choice would be for therapy in these case. Ustekinumab was chosen for its least likelihood of causing malignancies.

References

- De Novo Colitis Associated With Rituximab in 21 Patients at a Tertiary Center
- Treatment of Rituximab-induced Crohn's Disease With Ustekinumab Induction and Long-term Maintenance of Remission