Adalimumab induced interstitial lung disease in a patient with pityriasis rubra pilaris

Adalimumab is a complete human monoclonal anti-tumour necrosis factor alpha (TNF-a) antibody that has been used successfully in the treatment of a number of debilitating autoimmune conditions, including psoriasis, rheumatoid arthritis, hidradenitis suppurativa, and in?ammatory bowel disease3. However, anti-TNF-a therapy has been associated with a number of potential complications and adverse effects that can cause signi?cant morbidity and mortality3. We present the case of a 67-year-old male with pityriasis rubra pilaris (PRP) who developed progressive dyspnoea and cough following a trial of adalimumab for PRP. CT chest demonstrated patchy ground glass changes associ- ated with ?brosis. Bronchoscopy and bronchoalveolar lavage showed no evidence of infection or malignant cells. Despite withdrawal of adalimumab, the patient's interstitial lung disease progressed in a waxing and waning pattern over several months, necessitating admission to an inten- sive care unit. After extensive investigation, a diagnosis of adalimumab induced organizing pneumonia was made.

Adalimumab-induced interstitial lung disease is rare1. Few cases have been reported in the literature, with the major- ity of these patients being treated for rheumatologic dis- eases2,3. This case highlights the importance of considering the possibility of drug-induced lung disease in patients taking adalimumab.

References

References
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