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CANAKINUMAB IN FAMILIAL MEDITERRANEAN FEVER AND SECONDARY AMYLOIDOSIS: A CASE REPORT

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BACKGROUND

Familial Mediterranean Fever (FMF) is an autosomal recessive disease characterized by repeated and self-limited seizures of fever and serositis. Classically, FMF has been treated with colchicine, although currently we have interleukin-1β inhibitors such as anakinra or canakinumab.

PURPOSE

To describe a case of FMF and secondary amyloidosis in current treatment with canakinumab.

MATERIALS AND METHODS

Description of a case of FMF, in follow-up in our hospital and in current treatment with canakinumab. Data was collected from the electronic medical record and analytics were reviewed in the laboratory application. The variables analyzed were sex, age, neutrophil value, hemoglobin, C-reactive protein (CRP) and renal function before and after treatment with canakinumab and adverse reactions to treatment.

RESULTS

74-year-old woman diagnosed with FMF followed up in our hospital since 2006.
- Chronic kidney disease
- Hypertensive heart disease
- colchicine 0.5mg daily

2009:Febrile episodes.
2010-2014: practically asymptomatic, with some episode of fever that is self-limited with acetaminophen.
December 2014: She was admitted to hospital due to a fever outbreak and amyloidosis with renal insufficiency.
January 2015: Anakinra 100mg subcutaneous treatment was started 3 times weekly
September 2015: Anakinra suspended due to severe renal failure and lack of response. Etanercept 50mg subcutaneous weekly is started to administrate but continues with fever outbreaks.
Summer 2017: 4 admissions due to decompensated heart failure associated with outbreaks of FMF and anemia (8.7 g/dL) despite darbepoetin. Other values: CRP:100 mg/L; neutrophils: 68.9%; glomerular filtration: 12mL/min.
September 2017: treatment with canakinumab 150mg subcutaneous every 8 weeks, which is currently associated with colchicine 0.5mg daily. The patient did not present an admission or febrile seizures since the onset of canakinumab; hemoglobin has reached normal values(13.7 g/dL), despite the fact that neutrophilia continues(83%), elevated CRP(70 mg/L) and deficient renal function(13mL/min). No adverse reactions were reported.

CONCLUSIONS

Canakinumab is a valid therapeutic alternative in the treatment of FMF in case of poor response to other therapies, because the observed evolution is favorable until now, being also safe and well tolerated. However, more prospective studies are needed to assess their suitability in this context.

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