# OFF-LABEL USE OF ADALIMUMAB IN **BEHÇET'S DISEASE. A CASE REPORT**

M.H. García Lagunar<sup>1</sup>, M.d.R. Gutiérrez Cívicos<sup>1</sup>, R. Guerrero Bautista<sup>1</sup>, E. Ferris Villanueva<sup>1</sup>, A. García Márquez<sup>1</sup>, I. Muñoz García<sup>1</sup>, M. Martínez Penella<sup>1</sup>, D. Lacruz Guzmán<sup>1</sup>, M.S. García Simón<sup>1</sup>, Á. Álvarez Álvarez<sup>2</sup>. <sup>1</sup>Farmacia Hospitalaria, <sup>2</sup>Traducción. Hospital General Universitario Santa Lucía, Cartagena, Spain.

Santa Lucía

# BACKGROUND

Behçet's disease (BD) is a rheumatic disease characterized by polyarthritis, urogenital ulcers, uveitis, cutaneous lesions, alterations in central nervous system and vascular disease.

# **PURPOSE**

To describe the use of adalimumab in a patient with BD in whom immunosuppressive therapy had failed.

# MATERIALS AND METHODS

Follow-up of a patient with BD treated with adalimumab

### \*\*\*\*\*\*\*\*\* Data collected:

- Erythrocyte sedimentation rate (ESR)
- C-reactive protein (CRP)

after trying other treatments without success.

# RESULTS

April 2010:

A 43-years-old woman visited the rheumatologist because of polyarthralgias, symptoms of inflammatory disease, recurrent episodes of red eye, cutaneous lesions and urogenital ulcers.



Treatment: allopurinol and colchicine. In June 2011, positive HLA-B51 was determined and methotrexate was initiated. After 7 months, she had cutaneous lesions and corticosteroids were added to the treatment.

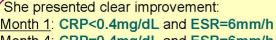


In May 2012, she visited the ophthalmologist and she was diagnosed with uveitis and this confirmed the diagnosis of BD. Methotrexate dosage was increased but without results.





Finally, adalimumab was associated to methotrexate (baseline CRP=0.7 mg/dL and ESR=65 mm/h).



clinical control and no side effects.

Month 4: CRP=0.4mg/dL and ESR=6mm/h Month 12: CRP=0.5mg/dL and ESR=11mm/h After a follow-up of 21 months, the patient continues receiving adalimumab, with good

### CONCLUSION

Our patient has presented a good response to the treatment.

Adalimumab represents a good option for patients with BD and severe manifestations.



