Infliximab in a patient with ankylosing spondylitis and secondary IgA nephropathy requiring haemodialysis

Sirs,

We describe the case report of a patient with ankylosing spondylitis (AS) treated with infliximab and secondary IgA nephropathy requiring haemodialysis. A 46-year-old white man with a diagnosis of AS was admitted to our unit for a longstanding, poorly controlled inflammatory low back pain and alternating buttock pain since he was 21 years old. He was treated with NSAIDs and sulfasalazine without efficacy. He referred arterial hypertension and a capsule. 

In the present case, a man with AS with a secondary longstanding IgA nephropathy, infliximab led to a complete and sustained remission of rheumatologic manifestations, but renal impairment worsened. Actually infliximab has been reported to be a possible cause of drug induced-membranous nephropathy (5) or renal vasculitis (6). Nevertheless, infliximab has proved to be useful also for kidney complications of adult-onset Still’s disease (7). Moreover, in two cases of psoriatic arthritis and secondary IgA nephropathy a concomitant improvement of proteinuria was observed after infliximab therapy (8). In our case, the longstanding glomerular damage, already present before infliximab administration, could be too advanced to ameliorate with the anti-TNF-α agent. Moreover, the present case confirms a recent paper (9) on the lack of efficacy of infliximab on the evolution of IgA nephropathy, while well-going on AS symptoms. A further interesting aspect of this case is the use of infliximab during haemodialysis owing to the inconclusive information about dose adjustment and the possible increase in toxicity of the drug during haemodialytic treatment. Our case confirms the observation that in RA with end stage renal failure infliximab can be well tolerated without showing any unusual side-effects and that the drug can maintain its efficacy also on haemodialytic treatment (10).

The present observation widens the spectrum of use of infliximab and demonstrates that this anti-TNF-α agent is safe and efficacious in AS patients with end-stage renal failure secondary to IgA nephropathy requiring haemodialysis. 

E. MAROCCHI, MD1, A. SPAZARO, MD1, K. GIANNAKAKIS, MD2, R. PRIORI, MD1, G. VALESINI, MD1

1Dipartimento di Clinica e Terapia Medica, Cattedra di Reumatologia, Sapienza Università di Roma, Policlinico Umberto I, Roma, Italy; 2Dipartimento di Medicina Sperimentale, Sapienza Università di Roma, Italy.

Address correspondence to: Elisa Marocchi, Viale del Policlinico 155, 00161 Roma, Italy. E-mail: elisa.marocchi@libero.it

Competing interests: none declared.

References