

# A brief course of anti-TNF- $\alpha$ therapy can cure recurrent episodes of HLA-B27-associated severe and refractory heel enthesitis

Sirs,

We read with great interest the paper by Prutki and co-workers dealing with juvenile-onset spondyloarthritis (JSpA), which appeared in the July-August 2008 issue of the journal (1). In their article the authors emphasised the high frequency of enthesitis in the different forms of JSpA. We would add that peripheral enthesitis can be severe and refractory to traditional therapy also in the juvenile forms of the HLA-B27 associated disease and that can successfully be treated with anti-tumour necrosis factor  $\alpha$  (anti-TNF- $\alpha$ ) agents.

Some years ago we treated a 16-year-old HLA-B27-positive boy suffering from severe and refractory heel enthesitis with a 5-month duration course of adalimumab therapy. Pain in the heel disappeared completely the day after the first subcutaneous injection of the drug (2). However, anti-TNF- $\alpha$  was continued and stopped after obtaining a marked improvement of the MRI findings. Waiting for such an improvement of the bone oedema was crucial for having a persistent clinical remission. The disease has remained in remission for 2 and a half years.

In February 2007, pain at the insertion of both plantar fasciae and the left Achilles tendon reappeared, which was insufficiently controlled by non-steroidal anti-inflammatory drugs in the following months. In May 2007 we performed a foot magnetic resonance imaging which showed bone oedema adjacent to the insertion of both plantar fasciae and the left Achilles tendon, together with the distension of the left retrocalcaneal bursa (Fig. 1A). Laboratory evaluation showed normal acute phase reactants. The level of pain on a 100-point VAS was 42.

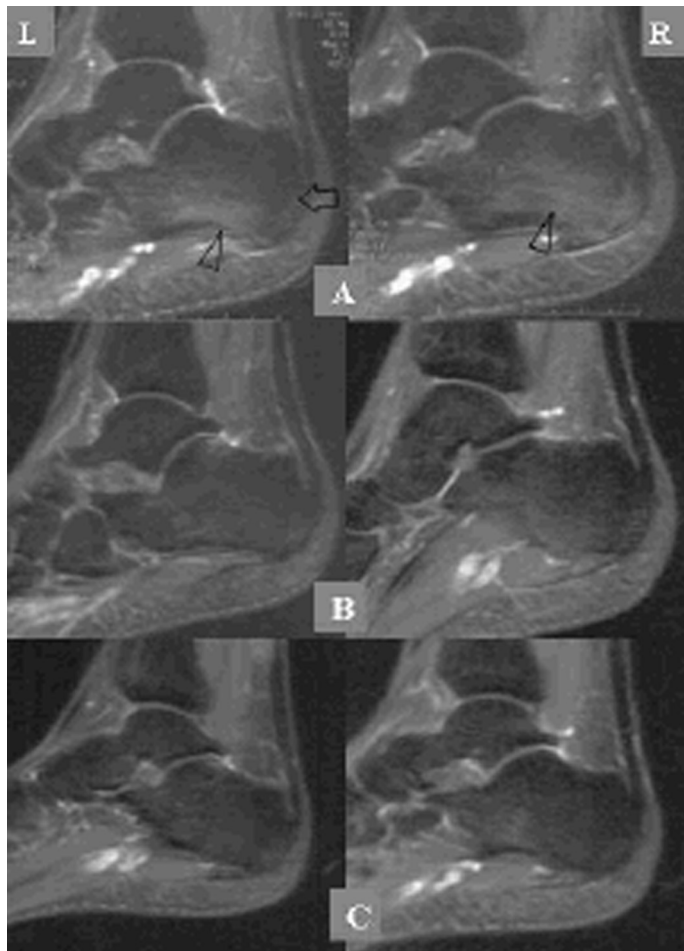
We decided to re-treat the patient with adalimumab at a dose of 40 mg every two weeks after obtaining his informed consent. Similar to 2 years and half before, pain in the left heel disappeared completely the day after the first subcutaneous injection. The MRI obtained 28 days after the beginning of therapy showed an improvement of the oedema (Fig. 1B). Similarly to the first cycle of adalimumab therapy, we decided to continue with the drug until a marked improve-

**Fig. 1.** Sagittal STIR (short tau inversion recovery) T2-weighted sequences of both calcanei.

**A.** Imaging obtained the day before the beginning of adalimumab therapy showing edema adjacent to the insertion of both the plantar fasciae (arrowheads) and the left Achilles tendon (arrow) together with the distension of the left retrocalcaneal bursa by fluid collection (solid arrow).

**B** After 28 days of therapy there was a marked improvement in the findings.

**C.** After 45 days of therapy a normalisation was seen.



ment in the MRI findings was reached. This was observed on the second MRI evaluation performed on the 45<sup>th</sup> day after the beginning of therapy (Fig. 1C). The drug was stopped and the disease remained in remission in the following twelve months. This case suggests that JSpA evolving with recurrent episodes of peripheral enthesitis can successfully be treated with short courses of anti-TNF- $\alpha$  therapy.

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## References

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