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LATENT TUBERCULOSIS IN A PATIENT WITH HIDRADENITIS SUPPURATIVA DURING THERAPY WITH SECUQUINUMAB

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INTRODUCTION

Hidradenitis suppurativa (HS) is a chronic inflammatory disease that affects intertriginous areas, characterized by painful nodules, subcutaneous tunnels and scars. Its pathogenesis involves the activation of pro-inflammatory cytokines such as tumor necrosis factor (TNF-α) and interleukin 17 (IL-17). Secuquinumab, an anti-IL-17A monoclonal antibody, is approved in Brazil for moderate to severe cases. Although it has proven efficacy, its use has been associated with an increased risk of developing or reactivating pulmonary tuberculosis (TB).

OBJECTIVE

The aim of this study is to report the development of latent TB in a previously screened patient after starting therapy with anti-IL 17.

CASE DESCRIPTION

A 42-year-old female patient was evaluated at a dermatology clinic on 09/2021, with a history of multiple episodes of abscesses in the axillae, groin and inframammary region since the age of 16. She was diagnosed with HS Hurley III. The patient used corticosteroids and topical/oral antibiotics, as well as oral isotretinoin, with partial improvement but frequent recurrence. She underwent more than 10 surgical excisions and the rest of her tests were unchanged. On 11/2021, treatment was started with Adalimumab, an anti-TNF-α drug, which was discontinued after 6 months due to changes in liver enzymes. During this period, the disease worsened, and she was treated with topical, oral and injectable corticosteroids and antibiotics, calcineurin inhibitors and topical immunomodulators. On 11/2022, after a new screening with negative PPD, treatment was started with secuquinumab 150 mg, two syringes a month, with a 90% improvement in the clinical picture. The patient continued to undergo monthly medical follow-up. On 01/2024, the patient underwent tests to renew the process and had a PPD of 5 mm with afternoon fever and a persistent cough. Following the treatment guidelines for HS with anti-IL 17, the suspension of the medication was necessary while the possibility of active or latent TB was assessed. The use of immunobiologicals was discontinued and the patient was referred to a pulmonologist, who diagnosed latent TB. The patient's skin condition worsened significantly, with multiple abscesses in the armpits, intermittent fever and difficulties in maintaining her daily activities. Treatment with Isoniazid and Rifampicin was started for 90 days for latent TB and secuquinumab was allowed to be reintroduced after 30 days. Anti-IL 17 was reintroduced on 06/2024 after a negative IGRA test. He progressed with 75% improvement without complications.

FINAL CONSIDERATIONS

This report confirms the possibility of developing pulmonary TB in patients using anti-IL 17 and for the treatment of HS, highlighting the need to suspend the immunobiological until complete resolution of the infection. It emphasizes the importance of clinical and laboratory TB screening both before and during treatment with the immunobiological.

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