

This is a repository copy of *Emergence of severe spondyloarthropathy-related entheseal* pathology following successful vedolizumab therapy for inflammatory bowel disease.

White Rose Research Online URL for this paper: http://eprints.whiterose.ac.uk/138254/

Version: Accepted Version

Article:

Dubash, S, Marianayagam, T, Tinazzi, I et al. (12 more authors) (2018) Emergence of severe spondyloarthropathy-related entheseal pathology following successful vedolizumab therapy for inflammatory bowel disease. Rheumatology, Key 26. ISSN 1462-0324

https://doi.org/10.1093/rheumatology/key267

Copyright © 2018, Oxford University Press. This is a pre-copyedited, author-produced version of an article accepted for publication in Rheumatology following peer review. The version of record, Dubash, S, Marianayagam, T, Tinazzi, I et al. (12 more authors) (2018) Emergence of severe spondyloarthropathy-related entheseal pathology following successful vedolizumab therapy for inflammatory bowel disease. Rheumatology, Key 26 is available online at: https://doi.org/10.1093/rheumatology/key267

Reuse

Items deposited in White Rose Research Online are protected by copyright, with all rights reserved unless indicated otherwise. They may be downloaded and/or printed for private study, or other acts as permitted by national copyright laws. The publisher or other rights holders may allow further reproduction and re-use of the full text version. This is indicated by the licence information on the White Rose Research Online record for the item.

Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.



3 4 5 6 , M 33, F 50, M 35, F 40, F	F 50, M 35, F 40, F 21,	5 6 7 35, F 40, F 21,	6 7 40, F 21,	21,			8 52, M	9 45, F	10 44, F	11 72; M
> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	>	> !	> (Z		Z	>	z	z
20 20 6 8 10	8	8		10		5	12	4	52	20
Z	Z	Z		z		Z	z	\	z	z
Z >	> 2 > 2	> Z		Z >		> >	z	> :	> :	z
YN ++++	YN +++	. W	-	- ‡		- ‡	- ‡	- †	÷ ‡	÷ ‡
100	100									
Extreme Bilateral Bilateral Extensive nr.avSnA Enthacitis/n	ral Extensive nr-axSnA	IVIKI –Ve,	-ve,	WIKI: Enthecitic/n		MIKI:	USS: Marked	MRI: Bilateral	MRI:	USS: elbow,
etal sacroiliitis sacroiliitis severe	is severe			eriostitis		sacroillitis	enthesitis PD	3451011113	Sacroiliitis	wrist
spinal thoraco- distal tibio-			distal tibio-	distal tibio-		(also XR +ve,	+ve		USS: Knee	synovitis,
			fibular	fibular		fulfilling			synovitis,	common
oedema vertebral .			v			mNY			hand flexor	extensor
oedema/ osteitis and	oedema/ osteitis and	oedema/ osteitis and				criteria)			tenosynovit	enthesitis.
		IRLS							13, 10 100	
NA NA NA NA	>	Y		NA		z	z	z	z	AN
NA 25 N N	25 N	Z		z		z	z	z	z	z
N PsO N PsO N	N PsO	PsO		z		z	z	PsO	z	PsO
IC/ Low/ CD/NA	CD/ Active UC/ Low/	tive UC/ Low/	Low/	UC/ Low/		IC/ Low/	CD/ Active	UC/ Low/	CD/Active	UC/ Low/
itrolled (high) controlled	(high) controlled	controlled	trolled	controlled		controlled	(moderate)	controlled	(high)	controlled
\$	24 24	24		28		55	89	33	80	88
.150mg Pred 0.5mg None None	None None	None		Pred 4mg	D 0	None	None	MTX 7.5mg	None	Pred 15mg
0.0				p.0				0.W		p.o
Y	λ	λ		>		>	z	*	>	z
IFX MSZ	IFX MSZ	MSZ		6-MP		FX	6-MP, AZA	IFX	IFX	None
IFX ADA CYSP	ADA CYSP	CYSP		AZA				Secukinumab	CZP	
ADA IFX ADA	IFX ADA			ADA				ADA	GLM	
>	>	>		>		>.	>	z	z	>-
	CZB CZB.	720.		TOT 4 20						
d sacroiliac	intolerance.	intolerance.	erance.	IOFA+ 20	_	ADA	ADA+Pred	VDZ +Pred	ETN+ VDZ	ADA
treatment joint SZP:	SZP:	SZP:	SZP:					Apremilast:		
for SpA. injection and intolerance.		intolerance.	intolerance.					developed		
switched to		Switched to	Switched to					significant		
		GLM.	GLM.					depression.		
								Apremilast		
								switched back		

		NA							
		IBD and	SpA in drug	controlled	remission	at 6	months.		
to MTX 7.5mg	o.w.	IBD/ SpA /Skin	PsO all well	controlled	at 6 months.				
		Achilles	enthesitis	much	improved.	Moderate CD	activity	at 1 month	
		Mild axSpA.	Skin and	perSpA in	remission at	1 month.			
		Periostitis	and	enthesitis	resolved at 6	months.			
		IBD in	remission.	SpA activity is	moderate at 6	months.			
		IBD:	controlled	SpA: mild to	moderate	activity at 6	months,	CRP 19	
		AN							
		IBD in	remission at	6 months	(colonoscop	y normal)	SpA	outcomes:	NA
		Moderate	-	activity at 6	months,	CRP 58	BASDAI 6.9	(previous	8.8)
		Outcome	De C						

corner lesions; PD: Power Doppler; XR: X-ray; TNFi: tumour necrosis factor inhibitor; ADA: adalimumab; CZP: certolizumab pegol; CYSP: cyclosporine; GLM: moderate, +++ severe; o.d: once daily; o.w: once weekly; CD: Crohn's disease; UC: ulcerative colitis; IC: intermediate colitis; IRLs: inflammatory Romanus golimumab; IFX: infliximab; MSZ: mesalazine; MTX: methotrexate; Pred :prednisolone; TOFA: tofacitinib; UST: ustekinumab; VDZ: vedolizumab; ZOL: Y: yes; N: no; NA: not available; cpd: cigarettes per day; EAMs :extra-articular manifestations; nr: non-radiographic; Osteitis or Enthesitis: + mild, ++ zolendronate.

