Hidradenitis suppurativa, sarcoidosis: TNF inhibitors could help in severe cases

Oct 19, 2004 | Veronique Duqueroy

San Antonio, TX - TNF-alpha inhibitors maybe be useful in recalcitrant/refractory rare inflammatory diseases such as hidradenitis suppurativa and chronic sarcoidosis, according to case reports presented at a poster session of the American College of Rheumatology 2004 meeting.

The case of 2 patients suffering from severe hidradenitis suppurativa (HS) and treated successfully with infliximab and etanercept leads main investigator Dr Elena Massarotti (Tufts New England Medical Center, Boston, MA) to suggest that TNF inhibitors may be helpful for that condition [1]. "I would not, at this time, recommend it as a first-line therapy," she told rheumawire, "but I would consider it for patients with severe HS who may have failed standard therapies for this problem."

HS is a chronic, painful, inflammatory disease associated with spondyloarthropathy and characterized by follicular occlusion and inflammation of the apocrine gland affecting intertriginous areas, including genital skin. It leads to scarring and recurrent drainage.

Both patients had a long history (10 and 25 years) of severe HS without arthritis. The first case, a 55-year-old man with symptoms refractory to treatment and requiring narcotic therapy, received infusions of infliximab (3 mg/kg at 0, 2, and 6 weeks and every 8 weeks thereafter) along with daily oral minocycline. "After the first infusion, pain and swelling decreased in all affected areas, and narcotic requirements decreased by 50% after the fourth infusion, along with a 50% reduction in size and number of inflamed areas," the authors report. A total of 6 infusions (5 months) have been given to date, eliminating drainage from the scrotal lesions.

The second patient received etanercept (25 mg twice weekly for 2 months, then once monthly) for 16 weeks. Drainage was reduced by 50%, and no antibiotics or surgery have been needed since. No infectious, neurologic, or malignant sequelae have occurred in the 2 patients.

The pathogenesis and cause of HS are still unknown; however, the role of a direct infection is suspected. This study has "provocative implications," Massarotti says. "It can serve as a model for understanding the relationship between infections and rheumatic diseases and why the TNF inhibitors might be useful in diseases that have an infectious basis."

Successful results in hard-to-treat sarcoidosis

Dr Jacob A Aelion (Arthritis Clinic, Jackson, TN) et al reported 3 cases of chronic recalcitrant sarcoidosis in which treatment with the monoclonal anti-TNF adalimumab was successful [2]. "I would recommend this treatment only in recalcitrant or hard-to-treat sarcoidosis, particularly those that have bone and skin involvement," Aelion told rheumawire.

Sarcoidosis is a multisystemic granulomatous disorder controlled with immunomodulating drugs, including corticosteroids, cytotoxics, thalidomide, and antimalarials. Some mild-sarcoidosis patients go into spontaneous remission with low-dose prednisone. However, bone and cutaneous involvement tend to be particularly resistant to treatment, with an overall mortality rate as high as 12% in this subgroup of patients.

Adalimumab (40 mg sc every other week) was added to the treatment regimen of 3 patients in which other immunomodulating modalities have
We don't recommend this treatment for patients with chronic myopathies.

In the 3 patients in whom clinical improvement was observed, 2 flared after the study.

"We don't recommend this treatment for patients with chronic myopathies," Dastmalchi told rheumawire.

Why such unexpected adverse results? "TNF-alpha has both anti-inflammatory and inflammatory modalities. When we blocked the TNF with infliximab, we activated the inflammatory part," Dastmalchi said. "We'll look at T-cell activating markers to better understand these results," she concluded.

Sources

1. Massarotti E, Sobell J. TNF-alpha blockers for hidradenitis suppurativa. American College of Rheumatology 2004 meeting; October 16-21, 2004; San Antonio, TX; presentation 206, poster board 207.

1. Aelion JA, Odhav SK. Chronic recalcitrant sarcoidosis responding to adalimumab. American College of Rheumatology 2004 meeting; October 16-21, 2004; San Antonio, TX; presentation 221, poster board 222.