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Visual Diagnosis in Emergency Medicine

INFLIXIMAB-INDUCED URTICARIA

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CASE REPORT

A 22-year-old woman with a longstanding history of Crohn's disease status-post ileocecal resection presented to the emergency department with an intensely pruritic rash after a recent infusion of infliximab. She previously had two infusions of infliximab, after which she developed anti-infliximab antibodies. However, the patient and her gastroenterologist decided to continue with therapy given good response to previous treatment and a recent severe Crohn's colitis flare. Vital signs were normal and the patient was breathing comfortably with an oxygen saturation of 99%. Physical examination revealed a healthy-appearing woman with pink, annular plaques distributed on the extremities, chest, and flanks, consistent with urticaria (Figure 1). The remainder of the examination was unremarkable. She was treated with a short course of oral antihistamines and her symptoms resolved promptly.

DISCUSSION

Infliximab is a chimeric monoclonal antibody against tumor necrosis factor- α that has been effectively used in Crohn's colitis, psoriatic arthritis, and other autoimmune diseases (1). Urticaria as a side effect of infliximab was reported in about 4% of patients in one study and typically presents 3 to 12 days after infusion (2,3). The

mechanism of this reaction is unclear, but is thought to be related to an immune-mediated response and anti-infliximab antibodies (3). Treatment of infliximab-induced urticaria is symptomatic (e.g., steroids, antihistamines). Urticarial hives will come and go over a 24-h period.



Figure 1. Pink urticarial plaques on the flank of a 22-year-old woman after infliximab infusion.

REFERENCES

1. Girardin M, Manz M, Manser C, et al. First-line treatment in inflammatory bowel disease. *Digestion* 2012;86(Suppl. 1):6–10.
2. Wasserman MJ, Weber DA, Guthrie JA, Bykerk VP, Lee P, Keystone EC. Infusion-related reactions to infliximab in patients with rheumatoid arthritis in a clinical practice setting: relationship to dose, antihistamine pretreatment, and infusion number. *J Rheumatol* 2004;31:1912–7.
3. Han PD, Cohen RD. Managing immunogenic responses to infliximab: treatment implications for patients with Crohn's disease. *Drugs* 2004;64:1767–77.