

中文題目：腫瘤壞死因子- α 拮抗劑在乾癬病人引起之蘭格罕細胞組織球增生症
英文題目：Tumor necrosis factor alpha (TNF- α) inhibitor related Langerhans cell histiocytosis on a psoriatic arthritis patient.

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Introduction: Tumor necrosis factor alpha (TNF- α) is a transmembrane protein also an important cytokine which expresses on NK cell, T-cell and macrophage. It plays a major role in inflammation and immune reaction that play a huge role in inflammatory and autoimmune diseases. Therefore, reduce of TNF- α activity was considered as a solution to these diseases. Anti-TNF- α therapy has been used in the treatment of many autoimmune diseases such as rheumatoid arthritis, inflammatory bowel diseases, ankylosing spondylitis or psoriasis and make a big success on it for years.

The major risks of anti-TNF- α therapy are infection and malignancy. Infection includes bacterial infection (such as Salmonellas, Clostridium difficile, Mycobacterium tuberculosis), fungus infection (Pneumocystis jirovecii, Aspergillus) and viral infection (Herpes simplex virus, Hepatitis B virus, Hepatitis C virus, Human immunodeficiency virus, Epstein-Barr virus, and Cytomegalovirus). The risk of developing malignancy may be primary to dysfunction of immunity or secondary to virus infection or reactivation (especially Epstein-Barr virus or Cytomegalovirus). In many reports and reviews, lymphoma or lymphoproliferative disorder is more frequently than other solid tumor.

Case:...The 58-year-old male presented with a sharply demarcated erythematous plaque with some silvery scale over his back about one year. He went to local clinic and received phototherapy for one month, but phototherapy seemed not effective enough to control his symptoms. Therefore, he was referred to other medical center and was diagnosed with psoriasis by clinical presentation and skin biopsy. He had started to received Adalimumab biweekly since March, 2017. However, after one course (eight times) he found some enlarged lymph nodes at bilateral groin region in June, 2017. He visited our hospital and admitted for excision of right inguinal lymph node on 2017/06/23. Pathological report revealed Langerhans cell histiocytosis (Immunohistochemistry stain showed CD1a+, S100+).

He had series examination such as skull x-ray series, bone scan, chest CT without evidence of other systemic involvement, which single system Langerhans cell histiocytosis (SS-LCH) with lymph node involvement was impressed.