

中文題目：僵直性脊髓炎病患併類肉瘤病

英文題目：Pulmonary Sarcoidosis Occurring During Golimumab Treatment for Ankylosing Spondylitis

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Case: This is a 57-year-old male with ankylosing spondylitis diagnosed about ten years ago. Patient initially presented with low back pain, HLA-B27 was positive and plain film revealed bilateral grade 2 sacroiliitis. Thus, ankylosing spondylitis was diagnosed. Throughout these years, he had been under PRN Celecoxib with relatively stable disease activity. Until recent two years, where persistent low back pain was reported and persistent inflammatory markers elevation was noted (ESR 25-45mm/Hr; CRP 1.5-2.5mg/dL). After discussion with patient, he agreed to receive Golimumab injection for ankylosing spondylitis. After 6 months of Golimumab injection, low back pain hardly improved and inflammatory markers remained high. Follow up chest film showed widening mediastinum. At the same time, bilateral lower extremities edema developed. Computed tomography was performed which revealed multiple lymphadenopathy over cervical, mediastinum and inguinal area. Excisional biopsy of cervical lymph node revealed non-caseating granulomatous lesions. Sarcoidosis was highly impressed after exclusion of other infectious diseases. Methylprednisolone 500mg pulse therapy were prescribed for three consecutive days. Patient described drastic improvement of edema and low back pain.

Discussion: There are scanty case reports reporting co-existence of ankylosing spondylitis and sarcoidosis. Like our patient, most of the cases initially presented with typical sacroiliitis and a positive HLA-B27. Considering the relatively high prevalence of both diseases in Taiwan, it is possible to have them co-existing in one patient. A nationwide case-control study in Taiwan also suggested that sarcoidosis patients tend to have a higher risk of autoimmune comorbidities than general population. Given the critical role of tumor necrosis factor (TNF) in both inflammation and granuloma formation in sarcoidosis patients, anti-TNF has been listed as one of the treatment options for sarcoidosis. However, there are cases reporting a paradoxical effect of anti-TNF, where sarcoidosis occurred despite anti-TNF treatment. Thus, clinicians should be more aware when patient has a relatively poor response to treatment despite typical clinical presentation.

