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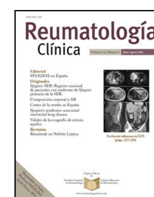
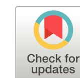


Images in Clinical Rheumatology

Linear localized morphea associated with golimumab in a patient with spondyloarthritis☆



Morfea lineal asociada al uso de golimumab en paciente con espondiloartropatía

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A 58 year old Caucasian women, with HLA-B27-positive mixed involvement spondyloarthritis (rachialgia and sacroiliac pain, both bilateral inflammatory with onset at the age of 21 currently with radiographic grade IV sacroiliitis associated with peripheral arthropathy of the small joints in the hands, ankles and metatarsophalanges with onset at the age of 55 years), in addition to previous repeated episodes of uveitis (4 episodes which abated with no sequelae), refractory to treatment with non-steroidal anti-inflammatory drugs, systemic corticoids at intermediate doses, methotrexate and leflunomide. In September 2015 treatment was initiated with golinmumab (anti-TNF alpha), resulting in a complete improvement of symptoms. The patient was symptom-free until July 2017 when she presented with symptoms compatible with linear localized morphea in lower limbs (Fig. 1) with no other concomitant infectious or neoplastic condition, confirmed by skin biopsy (fibrosing sclerodermiform dermatitis). This association in patients with immune-mediated diseases has been described but in highly exceptional cases. Following review of the literature, we found 6 similar cases, which are described in Table 1.[1–6] We therefore believe that the presentation of morphea in a patient treated with anti-TNF alpha may be considered a possible condition associated with its use, even if presentation is not immediate and is infrequent, and that it should be taken into account by professionals who use these therapies.

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Table 1
Patient data with combined morphea and anti-TNF usage condition: review of the literature.

Author	Sex Age Race	Anti-TNF alpha type	Interval from initiation of anti-TNF until beginning of morphea (weeks)	Immune-mediated disease	Distribution	Compatible Biopsy	Resolution after withdrawal of anti-TNF alpha (treatment)
Matozzi C, et al.[1]	Woman 17 Caucasican	Adalimumab	12	Crohn	Abdomen (injection site)	Yes	Yes, complete (topical)
Stewart FA, et al.[2]	Man 45 Caucasian	Etanercept	78	Psoriasis	Abdomen (injection site and trunk	Yes	Yes, with minimal progression (topical)
Ranganathan P[3]	Woman 52 Afro-American	Infliximab	14	Rheumatoid arthritis	Neck, trunk, upper extremities	Not undertaken	Yes, partial (topical)
Ramírez J, et al.[4]	Man 37 Caucasian	Adalimumab	52	Ankylosing spondylitis	Lower Extremities	Yes	Yes, partial (topical)
Inoue-Nishimoto T, et al.[5]	Woman 42 Asian	Adalimumab	26	Psoriasis	Trunk and pelvic girdle	Yes	Yes, partial (topical)
Chimenti MS, et al.[6]	Man 54 Caucasian	Etanercept	156	Rheumatoid arthritis	Trunk and abdomen	Yes	Yes, partial (rituximab)

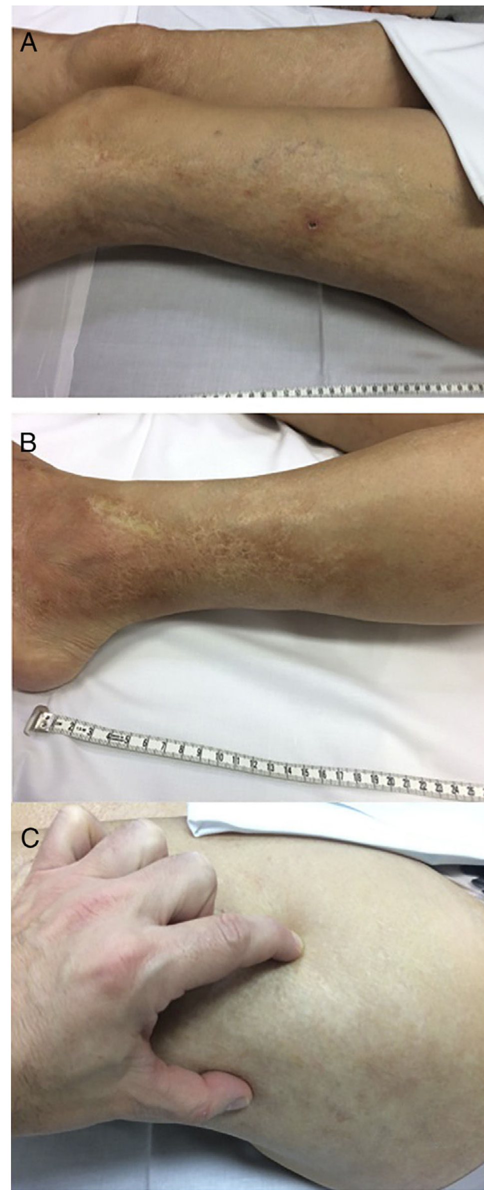

Fig. 1. Multiple images of lower limb linear distribution indurated plaques, compatible with linear localised morphea: (A and B) sclerotic plaques with a pearly cream or whitish centre and violacious erythematous periphery, oedematous in lower left limb, compatible with active lesion; (C) image A lesion with demonstrable induration when pressed digitally; (D and E) extensive whitish scar-like plaques in the lower right limb, compatible with non active lesion.

Conflict of interests

The authors have no conflict of interests to declare.

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