



POSTER PRESENTATION

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A case study: consequences of ANTI-TNF α therapy and foot ulcerations. A patient with Ankylosing Spondylitis (AS) treated with Infliximab

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Introduction

The BSR Biologics Register demonstrates increased risk of serious soft tissue infections in anti-TNF α managed patients. Mobility levels may increase with successful symptom management. However patients' feet present with a combination of foot deformity and compromised tissue viability, with associated risk of ulceration and concomitant infection.

Case presentation

A 50 year old male with AS presented with foot ulceration and cellulitis, following Infliximab administration. Management involved multiple antibiotics for recurrent infections and weekly podiatric care. Infliximab was stopped, leading to a flare of his arthritis and deteriorating gait and posture, complicating wound management. Active inflammation contributed to impaired wound healing.

After 8 months the patient remains off therapy. Although the chronic ulcer is improving, frequent wound / foot care is required. MRI and X-rays have been used to monitor for bone and joint sepsis.

Discussion

This case demonstrates the impact of anti-TNF α in the presence of a foot wound. Multiple complications occur from the presence of infection and drug withdrawal. Rest increases joint stiffness and pain. It can be difficult to distinguish between infection & disease related inflammation. Drug benefits make patients reluctant to

report foot problems, although in this case it was patient lack of understanding.

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