An induction of sacroiliitis following Vedolizumab treatment in ulcerative colitis: a case report

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Introduction: Vedolizumab specifically binds $\alpha 4\beta 7$ integrin, preventing immune cells from migrating to the inflamed gut tissues. It is approved for the treatment of inflammatory bowel disease. Several case reports have suggested severe spondylopathy-related entheseal pathology during Vedolizumab treatment. Herein, we report the sacroiliitis following Vedolizumab therapy, which is notable due to the absence of any prior Korean case report.

Case report: A 26-year-old male visited the rheumatology clinic due to incapacitating left hip pain that started a month ago. He was diagnosed with ulcerative colitis (UC) seven years ago and has been on vedolizumab treatment for nine months, which significantly improved symptoms related to UC. He had not experience inflammatory back pain until recently. Physical examination revealed left sacroiliac joint tenderness. The serum C-reactive protein (CRP) was 3.71 mg/dL, and the erythrocyte sedimentation rate (ESR) was 22 mm/hr on admission. To investigate the lesion, a magnetic resonance imaging (MRI) study was initially planned. However, due to a limb lengthening surgery that was undergone eight months ago, bone scan was performed instead, which revealed increased radioactive uptake in the left sacroiliac joint (Figure 1). Based on the evidence of ulcerative colitis-related spondyloarthritis, he received intravenous methylprednisolone 100 mg for two days, and starting from the following day, the pain was greatly improved. Blood tests upon discharge showed CRP 0.06 mg/dL and ESR 6 mm/hr. Human leukocyte antigen-B27 was positive. We recommended that Vedolizumab be replaced with infliximab, and as a result, both ulcerative colitis and left hip pain improved, with ongoing outpatient follow-up.

Conclusion: In the treatment of ulcerative colitis with vedolizumab, rare cases of ulcerative colitis-related sacroiliitis may occur, necessitating discontinuation or a change of medication. When MRI is difficult to perform, bone scans can be helpful in the diagnosis.

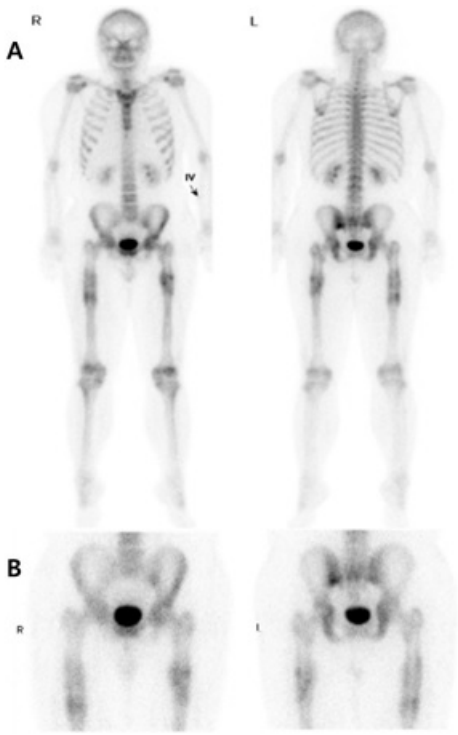

Figure 1. Bone scan findings of patient with ulcerative colitis-related sacroiliitis. The image shows a focal increase in radiouptake in the left sacroiliac joint. **A.** Anterior and posterior whole body bone scan. **B.** Pelvis bone scan.