

Case Blog

Ankle Joint Damage Treated with Infliximab in a Patient with Rheumatoid Arthritis

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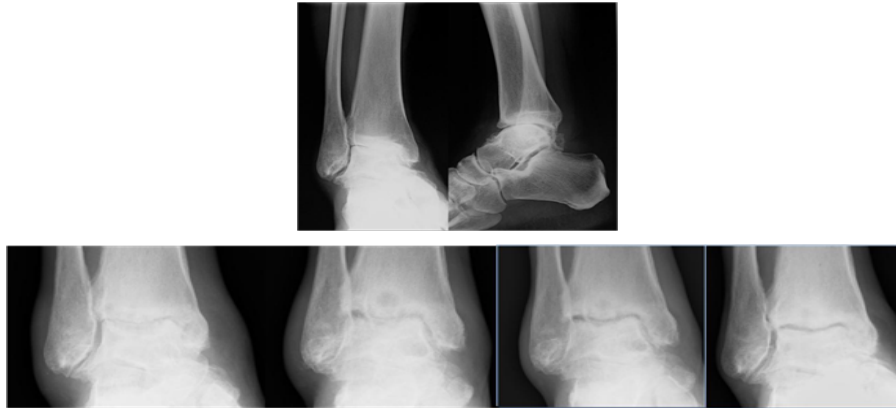


Figure 1: Radiographs from the first visit (anterior-posterior view [left] and lateral view [right]).

Figure 2: Radiographs over the course of treatment (in order from left to right): at the start of methotrexate administration, 3 months after initiating methotrexate with the addition of infliximab (IFX), 4 months after initiating IFX therapy, and 9 months after initiating IFX therapy.

Clinical Presentation

A 44-year-old woman visited our hospital with a 2-year history of pain, swelling, and claudication in her right ankle. A plain radiograph (XP) showed destruction of her right ankle, as osteophytes and joint narrowing were seen (Figure 1). However, the anti-cyclic citrullinated peptide, C-reactive protein, and erythrocyte sedimentation rate were negative, and the immunoglobulin M rheumatoid factor was positive (57 IU/ml). After a diagnosis of rheumatoid arthritis (RA) was made, methotrexate (8 mg/week) was administered. Although methotrexate therapy was administered for 3 months, the symptoms did not improve. Infliximab (IFX), an anti-tumor necrosis factor antibody, was administered at a routine dosage (3 mg/kg). Surprisingly, just after the IFX infusion, her symptoms disappeared. She was able to walk normally. Nine months after initiating IFX therapy, an XP of her right ankle showed joint widening (Figure 2). Presently, 7 years later, she is free of symptoms, walks normally, and works as a hotel owner. RA treatment goals are to suppress inflammation and to prevent structural joint damage [1]. Recent studies have reported patients in whom repair of bone erosion or mitigation of joint space narrowing was achieved using biologics [2]. Initial inflammation and subsequent radiographic progression are the dominant contributors to disability in patients with RA [3]. After all, tight control of disease activity ameliorates RA as well as local joint destruction.

References

1. Keystone EC, Kavanaugh A, Weinblatt ME, Patra K, Pangan AL (2011) Clinical consequences of delayed addition of adalimumab to methotrexate therapy over 5 years in patients with rheumatoid arthritis. *J Rheumatol* 38: 855-862.
2. Seki E, Matsushita I, Sugiyama E, Taki H, Shinoda K, et al. (2009) Radiographic progression in weight-bearing joints of patients with rheumatoid arthritis after TNF-blocking therapies. *Clin Rheum* 28: 453-460.
3. Kirwan JR (2001) Links between radiological change, disability, and pathology in rheumatoid arthritis. *J Rheumatol* 28: 881-886.

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