Letter to the Editor

Listeria monocytogenes infection two days after infliximab initiation in a patient with ulcerative colitis

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TO THE EDITOR: Sir, Listeria monocytogenes has been reported as a possible cause of infection in patients receiving anti-TNFa therapies.[1-8] Immediate therapy is important and careful patient follow up is mandatory as Listeria meningitis, encephalitis and meningoencephalitis may have unfavorable outcomes.[9-18] Prevention of such an infection is not possible, thus any symptom should alert treating physician as the timing of diagnosing this an infection cannot be predicted and may occur any time. We report herein on a patient who has been diagnosed with Listeria monocytogenes infection two days after infliximab initiation.

A 76-year old man diagnosed with left-sided ulcerative colitis twenty years ago was admitted because of fever and weakness two days following the first dose of Infliximab induction scheme. The patient for the last year had a relapsing disease not responding to systemic azathioprine and corticosteroids while local enemas had no therapeutic effect. Infliximab was considered as a reliable therapeutic option and the patient receive the first dose with no signs of intolerance, however it came two days later with fever. At this time the patient was also on methylprednizolone 24mg and folic acid. Physical examination was unremarkable and laboratory test showed leucocytosis and CRP at 56mg/dl. The patient was started on empiric treatment piperacilin-tazobactam and methylprednizolone was reduced at 18mg. On the third day of hospitalization blood cultures showed Listeria monocytogenes infection and antibiotic therapy was modified to ampicillin 2gr IV q4h for 14 days and garamycin 80mg three time a day for 10 days. The patient was discharged from the hospital in excellent condition and is now being considered to start anti-TNFa therapy again.

In conclusion, herein is reported a diagnosis of Listeria monocytogenes two days after Infliximab initiation in an ulcerative colitis patient. This case emphasizes the careful follow up and the immediate reflexes that every physician should have when starting anti-TNFa therapies especially in elderly patients. The timing of infections in such patients seems unpredictable and all such patients have to be informed that they should contact their treating physicians immediately in any case. In these patients every symptom has to be carefully evaluated and immediately treated in order to avoid unfavorable outcomes and optimize anti-TNFa treatment.

Key words: Listeria monocytogenes, anti-TNFa, infliximab, infections, listeriosis

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REFERENCES

1. Pena-Sagredo JL, Hernandez MV, Fernandez-Llanio N, Gimenez-Ubeda E, Munoz-Fernandez S, Ortiz A, et al. Listeria monocytogenes infection in patients with rheumatic diseases on TNF-alpha antagonist therapy;the Spanish Study Group experience. Clin Exp Rheumatol 2008; 26:854-859
2. Williams G, Khan AA, Schweiger F. Listeria meningitis complicating infliximab treatment for Crohn's disease. Can J Infect Dis Med Microbiol 2005; 16:289-292
3. Kesteman T, Yombi JC, Gigi J, Durez P. Listeria infections associated with infliximab: case reports. Clin Rheumatol 2007; 26:2173-2175

4. de la Fuente Penco B, Marco Piella A, Riera Mestre A, Boadas Mir J. Sepsis caused by Listeria monocytogenes related with the use of infliximab. Med Clin (Barc) 2005; 124:398
5. Aparicio AG, Munoz-Fernandez S, Bonilla G, Miralles A, Cerdeno V, Martin-Mola E. Report of an additional case of anti-tumor necrosis factor therapy and Listeria monocytogenes infection: Arthritis Rhem 2003; 48:1764-1765
6. Slifman NR, Gershon SK, Lee JH, Edwards ET, Braun MM. Listeria monocytogenes infection as a complication of treatment with tumor necrosi factor alpha-neutralizing agents. Arthritis Rheum 2003; 48;319-324
7. Gluck T, Linde HJ, Scholmerich J, Muller-Ladner U, Fiehn C, Bohland P. Anti-tumor necrosi factor therapy and Listeria monocytogenes infection: report of two cases. Arhtritis Rheum 2002; 46:2255-2257
8. Morelli J, Wilson FA. Does administration of infliximab increase susceptibility to listeriosis? Am J Gastroenterol 2000; 95:841-842
9. Izbeki F, Nagy F, Szepes Z, Kiss I, Lonovics J, Molnar T. Severe Listeria meningoencephalitis in an infliximab-treated patient with Crohn's disease. Inflamm Bowel Dis 2008; 14:429-431
10. Kamath BM, Mamula P, Baldassano RN, Markowitz JE. Listeria meningitis after treatment with infliximab. J Pediatr Gastroenterol Nutr 2002; 34:410-412
11. Dederichs F, Pinciu F, Gerhard H, Eveld K, Stallmach A. Listeria meningitis in a patient with Crohn's disease-a seldom, but clinically relevant adverse event of therapy with infliximab. Z Gastroenterol 2006; 44:657-660
12. Yamamoto M, Takahashi H, Miyamoto C, Ohara M, Suzuki C, Naishiro Y, et al. A case in which the subject was affected by Listeria meningoencephalitis during administration of infliximab for steroid-dependent adult onset Still's disease. Nihon Rinsho Meneki Gakkai Kaishi 2006; 29:160-168
13. Osuna Molina R, Ferrer Rios T, Gallego Gallegos Ramos Lora M, Ynfante Ferrus M, Figueruela Lopez B. Listeria meningitis as complication of treatment with infliximab in a patient with Crohn's disease. Rev Esp Enferm Dig 2006; 98:60-61
14. Ramanampamonjy RM, Laharie D, Bonnefoy B, Vergniol J, Amouretti M. Infliximab therapy in Crohn's disease complicated by Listeria monocytogenes meningoencephalitis. Gastroenterol Clin Biol 2006; 30:157-158
15. Cabades O' Callaghan F, Vila Fayos V, Arnal Babiloni M, Polo Sanchez JA. Listeria encephalitis associated with infliximab. Rev Clin Esp 2005; 205:250
16. Bowie VL, Snella KA, Gopalachar AS, Bharadwaj P. Listeria meningitis associated with infliximab. Ann Pharmacother 2004; 38:58-61
17. Keulen ET, Mebis J, Erdkamp FL, Peters FP. Meningitis due to Listeria monocytogenes as a complication of infliximab therapy. Ned Tijdschr Gennesk 2003; 147:2145
18. Joosten AA, van Olffen GH, Hageman G. Meningitis due to Listeria monocytogenes as a complication of infliximab therapy. Ned Tijdschr Gennesk 2003; 147:1470-1472