

中文題目：以etanercept治療的類風濕性關節炎患者的感染性心內膜炎

英文題目：Infective Endocarditis in a Rheumatoid Arthritis Patient being Treated with Etanercept

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摘要：

Case Presentation

A 68-year-old man with rheumatoid arthritis (RA) had tried different combinations of disease-modifying anti-rheumatic drugs (DMARDs) such as methotrexate, sulfasalazine, leflunomide and cyclosporine, but all failed in varieties of side effects. He was then started on etanercept, and his polyarthralgia improved quickly. However, 2 months later, he presented to the emergency department for progressive dyspnea, intermittent fever with chills, cough with blood-tinged sputum, and hypotension. Chest radiograph revealed bilateral multiple patchy lesions. He was admitted to the intensive care unit under the impression of septic shock. Chest computed tomography (CT) disclosed multiple patchy infiltration, arising the concern of septic embolism and fungal infection. The serum galactomannan test was negative. The sputum culture and two sets of blood culture yielded oxacillin-susceptible *Staphylococcus aureus* (OSSA). Transthoracic and transesophageal echocardiography found a vegetation on the aortic valve. Antibiotic treatment was maintained for 4 weeks. Resolution of the patchy lesions on chest radiograph was noted, and the follow-up echocardiography done on the third hospital week revealed disappearance of the vegetation. He had an uneventful recovery except for recurrence of his polyarthrititis.

Discussion

RA is a chronic multisystem inflammatory disease with variable clinical manifestation. Although biologic agents are generally considered safe and well-tolerated, the safety concerns about the possibly increased risk of infection remain a critical issue. It is widely known that patients on TNF antagonists are at increased risk of developing tuberculosis, and tuberculosis screening before starting on these agents is therefore mandatory. However, to our knowledge, this is the first report in the medical literature to date about infective endocarditis in a rheumatoid arthritis patient receiving etanercept.

Although the theoretically increased risk of infection is of concern, a recent systematic review and meta-analysis confirmed the efficacy of etanercept and showed no statistically significant differences between treated patients and controls in serious adverse events, serious infections, malignancy or deaths. Nevertheless, physicians should be cautious when considering the use of biologic agents, especially in patients with a history of recurrent infections or underlying conditions predisposing to infections.