



An immune system gone away: Ulcerative colitis accompanied by multiple autoimmune diseases – case report

Authors: Sandro Kukić¹, Marjan Kulaš¹, Matej Krišto¹, Lucija Virović Jukić^{1,2} (mentor)

¹ School of Medicine, University of Zagreb, Zagreb, Croatia

² Department of Gastroenterology and Hepatology, Sisters of Charity University Hospital Centre, Zagreb, Croatia

Background:

Ulcerative colitis (UC) is a relapsing and remitting inflammatory disorder of the colonic mucosa. In 5% of UC cases, patients also develop primary sclerosing cholangitis (PSC). Both of the diseases are essentially autoimmune disorders and it is not uncommon to find other autoimmune diseases in affected patients.

Case presentation:

A 35-year-old female patient presented to the Department of Gastroenterology and Hepatology in 2014 with bloody diarrhea, weight loss, and fatigue. A colonoscopy was performed and the diagnosis of extensive, moderately severe ulcerative colitis was established. Her medical history was remarkable for type I diabetes mellitus diagnosed in 2001 and psoriasis diagnosed in 2010. The patient started treatment with mesalazine and corticosteroids, which resulted in clinical and endoscopic remission. During a follow-up, the elevation of cholestatic liver enzymes required further work-up, including MR cholangiopancreatography, which revealed changes consistent with PSC. The patient started treatment with ursodeoxycholic acid. In 2018, she discontinued corticosteroids, which resulted in a relapse of UC with exacerbation of psoriatic skin plaques and multiple-joint pain. A rheumatologist found no signs of spondyloarthritis at that moment. Treatment with an anti-TNF agent, adalimumab, was started in 2018, but had to be discontinued due to an episode of fever and hilar lymphadenopathy of unknown cause, which was resolved with steroid therapy. The trial of other biological agents, including vedolizumab and ustekinumab, showed no effect on UC symptoms. Finally, in 2021 the patient started treatment with tofacitinib, which showed great progress in reducing gastrointestinal symptoms, joint pain, and skin lesions.

Conclusion:

Treating patients with multiple autoimmune disorders is often complex and requires a multidisciplinary and individual approach. Frequent and thorough follow-up visits should be made to adjust medications and identify new symptoms that are possible indicators of underlying autoimmune diseases or complications related to the disease or treatment.

Keywords:

arthritis, autoimmune diseases, primary sclerosing cholangitis, psoriasis, ulcerative colitis