Canakinumab induces remission in a patient with resistant familial Mediterranean fever

Familial Mediterranean fever (FMF) is an auto-inflammatory disease characterized by a defect in the regulation of caspase-1 activation leading to the cleavage of IL-1β precursor [1]. We report an FMF patient resistant to colchicine, successfully treated with canakinumab.

The patient had been taking colchicine since the age of 10. She was homozygous for the M694V mutation in the MEFV gene. At age 14, she started to have weekly attacks and her CRP gradually increased. She failed to respond to continuous NSAIDs or an anti-TNF agent along with MTX. She developed sacroiliitis and a chronic arthritis of the right shoulder. Subsequently she was started on anakinra. Although she initially responded, her attacks recurred and her acute-phase reactants increased after the first 9 months. She was then given canakinumab. In a week all clinical symptoms resolved and ESR, CRP and serum amyloid A (SAA) returned to normal (Fig. 1). For 2 months she was completely normal. On Day 70 joint symptoms recurred and her CRP and SAA started to rise. A second dose was administered again with full response. In the meantime she continues colchicine at 2 mg/day. We suggest that canakinumab should be considered as a potent therapeutic option for refractory FMF resistant to colchicine.

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References