CO-034 - SCREENING FOR LATENT TUBERCULOSIS IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE UNDER ANTI-TNF – DATA FROM A PORTUGUESE CENTER

Mafalda Sousa[1]; Inês Ladeira[1]; Ana Ponte[1]; Carlos Fernandes[1]; Ana Paula Silva[1]; Adélia Rodrigues[1]; João Silva[1]; Catarina Gomes[1]; Edgar Afecto[1]

1 - Centro Hospitalar de Vila Nova de Gaia e Espinho

Introduction:

Portugal is one of the countries with highest tuberculosis (TB) burden in the European Union with a reporting rate in the North region registered in 2016 of 21.6/100,000 inhabitants. Anti-tumor necrosis factor (anti-TNF) can increase the risk of reactivation of TB in patients with latent infection (LTBI). The study aims were to evaluate the prevalence of LTBI and the number of active TB cases in patients with IBD treated with anti-TNF.

Methods:

Retrospective study from a center in the North region of Portugal that included patients with inflammatory bowel disease (IBD) who started anti-TNF between 2013-2017. Active TB infection was excluded using clinical history and chest imaging. LTBI was considered positive if exposure to TB or positive TST/IGRA, according to Figure.

Results:

One hundred and seventeen patients were included - 56% female, mean age 40 years, 79% started infliximab, 21% adalimumab and 1% golimumab. Of these, 37 presented LTBI (32%) - TST positive in 18 patients (49%); IGRA positive in 14 patients (38%) and undetermined in 7 (19%); history of contacts in 11 patients (30%). All cases of indeterminate IGRA were in patients under immunosuppressive therapy. All patients screened with LTBI performed isoniazid for 9 months. During follow-up (mean 21.6 months), 1 patient under infliximab developed pleural TB 5 years after receiving treatment with isoniazid. None of the patients with negative LTBI screening developed active tuberculosis.

Discussion:

In our sample, the prevalence of LTBI before starting anti-TNF treatment was higher than previously reported in European studies in Spain (6,96%) or United Kingdom (4,2%), reflecting different background TB incidence rates and our strict screening protocol where TST and IGRA are used complementary. The only patient that presented with active TB developed the disease 5 years after initiating anti-TNF which suggests that it was a re-infection and not a false negative for initial screening.