

**TREATMENT WITH RITUXIMAB IN PATIENTS WITH RHEUMATOID ARTHRITIS (RA) AND ETANERCEPT-INDUCED LUPUS-LIKE SYNDROME**  
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**BACKGROUND**

There are been reports with cases of lupus induced for medicaments, like as hydrazine, chlorpromazine, isoniazid. Biologics agents develop autoantibodies and autoimmune like diseases including lupus-like syndromes. We report the case of two women, diagnosed with seropositive RA, who developed a lupus like syndrome treated with etanercept and received treatment with Rituximab.

**CASE 1**

47-years old, woman, she was treated unsuccessfully with multiple nonsteroidal antiinflammatory drugs, hydroxychloroquine, sulfasalazine, methotrexate, gold compounds and D Penicillamine and steroids given intermittently in tapering dosages. Etanercept was initiated and two years after she presented pericarditis, pleural effusion, arthritis, proteinuria, hematuria , leukopenia, ANA 1/2560 Anti dsDNA 1/160, anticardiolipin anti bodies positive. These characteristics don't resolved with discontinuation etanercept. She received treatment with Rituximab resolved all symptoms.

**CASE 2**

49-years old, woman, she was received nonsteroidal antiinflammatory drugs, prednisolone, choroquine, methotrexate, sulfasalazine, D Penicillamine, cyclosporine, leflunomide, gold compounds, with adverse effects. She was treated with etanercept, and seven months later, it presented malar rash, photosensitivity, leukopenia, aphthous ulcers in mouth, ANA 1/1280 Anti dsDNA Negative, and proteinuria. Etanercept is suspended, but it not improvement and we initiated Rituximab presenting remission.

**CONCLUSIONS**

It would be possible to be considered the use of the Rituximab in treatment of etanercept-induced lupus-like syndrome, if don't improved with discontinuation of the biologic therapy. B cells depletion may be an alternative treatment for patients with RA and Etanercept-induced lupus-like syndrome.