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## CDDW: Watch dental health in patients on certain Crohn's drugs

March 25, 2008 | David Hodges

*From the Canadian Digestive Disease Week held in Montreal*

### Serious, sometimes fatal, infections associated with infliximab, an increasingly prescribed monoclonal antibody

MONTRÉAL | A unique case study presented at the Canadian Digestive Disease Week meeting here suggests doctors need to be aware of any dental problems prior to initiating infliximab (Remicade) therapy in Crohn's disease patients.

Serious and sometimes fatal infections, such as tuberculosis, sepsis and pneumonia, are the most common adverse events associated with this increasingly prescribed monoclonal antibody. However, Dr. Levinus Dieleman and his colleagues at the University of Alberta in Edmonton identified what they described as the first report of a brain abscess secondary to infliximab in combination with immunosuppression.

The patient was a 51-year-old female smoker with a long history of steroid-dependent Crohn's disease who presented to the emergency department with neurological symptoms four weeks after beginning the infliximab regimen. She had been experiencing three days of blurred vision, slurred speech and weakness in her left arm and leg.

An MRI scan revealed the brain lesion, and it was determined the primary source was a dental abscess secondary to poor dentition. As a result, the patient had 12 teeth extracted while in hospital and was placed on intravenous antibiotics and anti-infective medications, while all immunosuppressive drugs were stopped. Subsequently, her neurological symptoms improved, and a repeat MRI eight weeks later showed the lesion had resolved.

Although this patient had been treated with methotrexate once a week and low doses of prednisone daily for two years for her Crohn's, she had experienced no serious adverse events until the addition of infliximab.

"This case has demonstrated that in an era with increased used of concomitant immunosuppression and infliximab, mouth inspection and ruling out dental problems before such therapies are administered is paramount to prevent severe infectious complications," Dr. Dieleman concluded in his poster presentation.

"We encourage dental inspection, particularly in high-risk groups such as smokers, the elderly and patients with chronic illnesses."

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