Development of Anti-CCP-positive Rheumatoid Arthritis Following Pegylated Interferon- \( \alpha \)2a Treatment for Chronic Hepatitis C Infection

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Introduction of pegylated formulations of IFN has been hypothesized to minimize the risk for autoimmune induction by reducing immunogenicity. Only 2 cases of RA associated with PEG-IFN treatment for hepatitis C have been reported in the English literature. Although anti-CCP can be used to distinguish HCV-related arthritis from RA, the presence of anti-CCP has not been reported in IFN-associated RA. Anti-CCP has been found to be predictive of more severe joint destruction in RA. Unlike the 2 reported patients with PEG-IFN-associated RA, our patient demonstrated severe erosive disease.

The possibility of pegylated IFN inducing or exacerbating RA in previously predisposed individuals should be considered in patients with hepatitis C who develop arthritis. Screening for RF and anti-CCP may be considered before treating with IFN. Detection of anti-CCP, the presence of nodules, and erosive disease help distinguish RA from HCV-related arthritis, but these characteristics are not always found in patients who develop RA with IFN treatment. The prognosis of patients with PEG-IFN-associated RA remains unclear because of the small number of cases reported. If the symptoms of RA do not resolve after discontinuing PEG-IFN, these patients may require treatment with disease-modifying antirheumatic drugs.

REFERENCES


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