Dear Editor,

I have read with great interest the manuscript titled “Cervix Cancer in a Patient with Ankylosing Spondylitis Using Etanercept: A Case Report” authored by Doruk et al. (1) and would like to share my experience with regard to a patient develops severe exacerbation of verruca vulgaris under treatment with etanercept. Verruca vulgaris (common wart) is an infectious disease caused by human papilloma virus (HPV) that is an important risk factor for cervix cancer (2).

A 20-year-old male patient was diagnosed with ankylosing spondylitis (AS) resistant to conventional therapy, three years ago. Treatment with subcutaneous etanercept (50 mg/week) was initiated. The patient responded well to etanercept and this treatment was continued. When the patient last came to the outpatient clinic, he complained that he had numerous warts on his hands. The patient reported that, there was only one and small wart on his right hand before etanercept treatment. He had taken etanercept treatment for three years. During this period, the size and number of warts had increased. In the laboratory analyzes, routine biochemical, hematological, and urine tests were found to be within normal limits. Serology for HIV, hepatitis B and C viruses were negative. The chest X-ray was evaluated as normal. The patient referred to a dermatologist for the evaluation of these skin lesions. He was diagnosed with verruca vulgaris, and etanercept treatment was discontinued.

Etanercept is a tumor necrosis factor (TNF) inhibitor that has shown to be effective and safe in the treatment of AS. However, a predisposition to chronic viral infections has been reported in patients receiving anti-TNF therapy (3).

Because the E6 protein of HPV-16 binds directly to TNF receptor 1 and induces apoptosis in host cells, an association between etanercept (α TNF inhibitor) and an increased risk for infections by HPV may be possible (4). However, this logical association between etanercept and warts caused by HPV has been reported in very rare cases, and the specific effects of anti-TNF agents on HPV-associated diseases are not well understood (3,5).

In conclusion, anti-TNF agents may carry a risk for exacerbation of HPV infections. Therefore, treatment with etanercept should not be started in patients with HPV infections, and this treatment should be stopped in patients developing HPV infections.

Mahmut Alpaycı, MD
E-mail: mahmutalpayci@gmail.com
Phone: +90 434 246 84 20
Bitlis State Hospital, Department of Physical Medicine and Rehabilitation, Bitlis, Turkey

References