Conclusion.--This study confirms the interest of tocilizumab in terms of clinical, biological and radiological response, as well as steroid-sparing agent in Takayasu arteritis.

Further readings
Introduction—Recent, single cases and small patient cohorts have suggested beneficial effect of tocilizumab, a humanized monoclonal anti-IL-6 receptor (IL-6R) antibody, on Takayasu arteritis (TAK). Up-regulation of IL-6 has been shown within inflamed arteries but its role in the pathogenesis of arteritis is currently unclear.

Methods.—A female born in 1985 was diagnosed with advanced TAK in 1999. She was operated with aortic grafting and auto-transplantation of the left kidney and treated with steroids in different combinations with; azathioprine, methotrexate, infliximab, mycophenolate mofetil and cyclophosphamide. Due to persistent high disease activity with new vascular lesions, she never could taper Prednisolone below 12.5 mg daily.

Results.—Treatment with tocilizumab 8 mg/kg intravenously was initiated and scheduled every fourth week in combination with a fixed Prednisolone dosage. At the time of the fourth tocilizumab course, she got symptoms of relapse with carotidynia, severe musculoskeletal pain, fever and palpable multiple tender skin nodules. An ultrasound showed increased wall thickness in the carotid arteries. An 18F-FDG PET-CT scan showed widespread pathologic arterial wall uptake in both common carotid arteries, the pulmonary trunk and in the right common iliac artery. Ten days after the fourth tocilizumab treatment the patient was admitted to the hospital because of high disease activity and rising C-reactive protein to 124 mg/L. Infections and malignancy were excluded. After intravenous methylprednisolone she rapidly recovered.

Conclusion.—This is to our knowledge the first published case of relapse of Takayasu arteritis on ongoing tocilizumab treatment.

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