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Skin Warts During Fingolimod Treatment in Patients with Multiple Sclerosis

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Background: Fingolimod is associated with different infections including lower respiratory tract, herpes virus, cryptococcal meningitis, histoplasmosis, progressive multifocal leukoencephalopathy, atypical mycobacterial infections, kaposi sarcoma and reactivation of hepatitis c. However, to the best of our knowledge, skin wart infections with fingolimod have not been previously reported.

Methods: Objectives: To describe five cases of skin warts in MS patients treated with fingolimod at the american university of beirut medical center (AUBMC) MS center (MSC).

Methods: We reviewed all MS patients treated with fingolimod at our MSc and identified patients who developed skin warts during treatment. We also reviewed a control group of patients treated with different interferons matched for age and sex.

Results: Of 159 patients treated with fingolimod at our MSC, 5 (3%) developed skin warts. In 159 patients treated with different interferons and matched for age and sex, no cases of skin warts could be detected.

Case 1: A 32 year old woman with relapsing-remitting multiple sclerosis (RRMS) was started on fingolimod in January 2012. In July 2016, she developed warts in her genital area, diagnosed by a dermatologist as condyloma acuminatum, a wart-like lesion caused by human papilloma virus (HPV). This was confirmed by an HPV positive pap test. She was shifted a month later to dimethyl fumarate. The genital warts resolved completely within 2 months of discontinuing fingolimod.

Case 2: This 34 year old woman with RRMS was shifted to fingolimod in august 2016. Seven months later, she developed genital warts which recurred despite treatment. Pap test was positive for HPV 52 (high oncogenic risk) as well as HPV 6 and HPV 61 (lower oncogenic risk). Fingolimod was discontinued and the lesions resolved completely within a month.

Case 3: A 38 year old female with RRMS was started on fingolimod in june 2015. Few months after starting fingolimod, she developed warts over her nose. Her dermatologist resected the lesions twice and she was kept on fingolimod.

Conclusions: In conclusion, we report five patients who developed skin warts during fingolimod therapy, especially HPV-related, for an overall incidence of 3%. No warts were reported in a control group of patients treated with different interferons and matched for age and sex. Larger cohorts are needed to confirm this proposed higher susceptibility of fingolimod-treated patients to HPV infections.