Fotossensibilidade Induzida por Vedolizumab: Um Fenómeno Subnotificado?

Vedolizumab-Induced Photosensitivity: An Underreported Phenomenon?

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Palavras-chave: Anticorpos Monoclonais Humanizados/efeitos adversos; Doença Inflamatória Intestinal/tratamento farmacológico; Perturbações de Fotossensibilidade/induzidas quimicamente

To the Editor,

Vedolizumab is a IgG1 monoclonal antibody that selectively binds to α4β7 integrin receptors in the gastrointestinal tract. It is approved for moderate-to-severe inflammatory bowel disease (IBD) refractory to conventional therapies or anti-TNF agents. It has demonstrated efficacy with a favorable safety profile.[1] While generally well tolerated, emerging evidence suggests that cutaneous adverse effects remain underreported[2] and only isolated cases of photosensitivity have been reported.[3]

We report the case of a 57-year-old woman with ulcerative colitis, treated solely with intravenous vedolizumab 300 mg. She had no other medications or supplements and no personal history of polymorphous light eruption.

The patient presented to dermatology with a three-month history of facial erythema and pruritus, accompanied by recurrent episodes of lip and eyelid edema. Dermatological examination revealed erythematous macules and patches on the face, neckline, shoulders, and dorsum of the left hand, sparing the shaded areas of the neck. Photosensitivity, subacute cutaneous lupus and phototoxic reactions were considered as differential diagnoses.

Five months before symptom onset, the dosing interval of vedolizumab had been shortened from eight to six weeks. Prick tests for vedolizumab, performed at that time, were negative. The distribution pattern suggested a photosensitivity-induced reaction. Blood tests were unremarkable. Phototesting, performed using direct irradiation with ultraviolet (UV) light, revealed no immediate or delayed reaction to visible light and UVA. However, for ultraviolet B, there was a decreased minimal erythema dose of 100 mJ/cm^2 for the patient's phototype and she reported a delayed burn-like reaction 48 hours post-UVB exposure.

A diagnosis of vedolizumab-induced photosensitivity was established. No skin biopsy was performed, as the clinical picture was typical, with a photodistributed pattern and compatible phototest results. A delayed-type hypersensitivity mechanism was suspected, possibly involving UVB-induced photoallergen formation. The patient was advised to maintain strict photoprotection. Despite continued vedolizumab therapy, gradual improvement occurred over approximately three months, likely reflecting seasonal reductions in UV exposure or the development of an adaptive tolerance mechanism.

This case contributes to the emerging recognition of vedolizumab as a potential photosensitizing agent. Establishing a causal link is often challenging, particularly with polypharmacy and limited access to phototesting. In this case, the absence of concomitant medications reinforces the likelihood of a causal relationship between vedolizumab and photosensitivity. Although drug withdrawal and rechallenge would be ideal to confirm causality, this is not feasible given the importance of vedolizumab in managing the patient's condition. Nevertheless, it highlights the need for increased clinical awareness regarding photosensitivity reactions in patients receiving vedolizumab.

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AUTHOR CONTRIBUTIONS

BFV, VCS: Study design, data acquisition and analysis, writing and critical review of the manuscript.

CV, JMN, GMP: Data acquisition, writing and critical review of the manuscript.

All authors approved the final version to be published.

PROTECTION OF HUMANS AND ANIMALS

The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association updated in October 2024.

DATA CONFIDENTIALITY

The authors declare having followed the protocols in use at their working center regarding patients' data publication.

PATIENT CONSENT

Obtained.

CONFLICTS OF INTEREST

The authors have no conflicts of interest to declare.

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REFERENCES

1. Sandborn WJ, Baert F, Danese S, Krznarić Ž, Kobayashi T, Yao X, et al. Efficacy and safety of vedolizumab subcutaneous formulation in a randomized trial of patients with ulcerative colitis. Gastroenterology. 2020;158:562-72.e12.

2. Bergqvist V, Holmgren J, Klintman D, Marsal J. Real-world data on switching from intravenous to subcutaneous vedolizumab treatment in patients with inflammatory bowel disease. Aliment Pharmacol Ther. 2022;55:1389-1401.

3. Dao D, Agarwal V, Srivastava P, Powell J, Kalavala M. P98 Biologic-induced photosensitivity: a case of three. Br J Dermatol. 2022;187:S31–83.

Beatriz F. VILELA ✉[1], Clara VALENTE [1], José M. NEVES [1], Gabriela M. PINTO[1], Virgínia COELHO DE SOUSA[2]

1. Dermatovenerology Department. Hospital Santo António dos Capuchos. Unidade Local de Saúde São José. Lisbon. Portugal.
2. Dermatovenerology Department. Hospital de São Camilo. Portimão. Portugal.

✉ **Autor correspondente:** Beatriz F. Vilela. beamfvilela@gmail.com

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