TO THE EDITOR: Sir, Listeria monocytogenes has been reported as a possible cause of infection in patients receiving anti-TNFα therapies.\(^1\)-\(^8\) Immediate therapy is important and careful patient follow up is mandatory as Listeria meningitis, encephalitis and meningoencephalitis may have unfavorable outcomes.\(^9\)-\(^18\) Prevention of such an infection is not possible, thus any symptom should alert treating physician as the timing of diagnosing this an infection cannot be predicted and may occur any time. We report herein on a patient who has been diagnosed with Listeria monocytogenes infection two days after infliximab initiation.

A 76-year old man diagnosed with left-sided ulcerative colitis twenty years ago was admitted because of fever and weakness two days following the first dose of Infliximab induction scheme. The patient for the last year had a relapsing disease not responding to systemic azathioprine and corticosteroids while local enemas had no therapeutic effect. Infliximab was considered as a reliable therapeutic option and the patient receive the first dose with no signs of intolerance, however it came two days later with fever. At this time the patient was also on methylprednisolone 24mg and folic acid. Physical examination was unremarkable and laboratory test showed leucocytosis and CRP at 56mg/dl. The patient was started on empiric treatment piperacilin-tazobactam and methylprednisolone was reduced at 18mg. On the third day of hospitalization blood cultures showed Listeria monocytogenes infection and antibiotic therapy was modified to ampicillin 2gr IV q4h for 14 days and garamycin 80mg three time a day for 10 days. The patient was discharged from the hospital in excellent condition and is now being considered to start anti-TNFα therapy again.

In conclusion, herein is reported a diagnosis of Listeria monocytogenes two days after Infliximab initiation in an ulcerative colitis patient. This case emphasizes the careful follow up and the immediate reflexes that every physician should have when starting anti-TNFα therapies especially in elderly patients. The timing of infections in such patients seems unpredictable and all such patients have to be informed that they should contact their treating physicians immediately in any case. In these patients every symptom has to be carefully evaluated and immediately treated in order to avoid unfavorable outcomes and optimize anti-TNFα treatment.

**REFERENCES**

8. Morelli J, Wilson FA. Does administration of infliximab increase susceptibility to listeriosis? Am J Gastroenterol 2000; 95:841-842