Authors: Chiara Zanetta (Main Author)¹, Micaela Robotti¹, Agostino Nozzolillo¹, Liberatore Giuseppe², Eduardo Nobile Orazio², Giancarlo Comi¹, Massimo Filippi¹, Lucia Moiola¹

Title: Late onset absolute neutropenia following ocrelizumab treatment in Multiple Sclerosis

Running Title: A case report from San Raffaele hospital

¹Department of Neurology- Multiple Sclerosis Center- San Raffaele Hospital- Milan, Italy

²Department of Neurology- Milan University- Humanitas Clinical and Research Institute, Rozzano

Background: B cell depletion is a powerful therapeutic strategy for Multiple Sclerosis (MS). Ocrelizumab is a monoclonal antibody that selectively targets CD20, a membrane glycosylated protein expressed on B-lymphocytes. Ocrelizumab structure and mechanism of action are related to rituximab. Late-onset neutropenia (LON) is an absolute neutrophil count (ANC) $<1.5\times10^9$ /L, occurring >4 weeks following the last dose, without other identifiable cause, preceded by a normal ANC. LON could be a rare complication of rituximab-treatment.

Methods: We described a case of LON occurred 105 days after last ocrelizumab infusion in a Relapsing Remitting MS patient.

Results: A 26-year old naïve MS-patient received her third ocrelizumab infusion, 600 mg, on April 15th 2019. She had no other medical illness and did not take any concomitant medications. Pre-infusion biochemical analysis, immunoglobulins and blood counts were normal. On July 30th 2019 she reported pain in her mouth, headache and fever evolving over a 2-day period to transient loss of consciousness. She had aphthous stomatitis and a normal neurologic exam except for mild lethargy. Body temperature was 39°C, white blood cell count, absolute lymphocyte count (ALC), ANC and absolute monocyte count (AMC) were 1.1x10⁹/L, 0.3x10⁹/L, 0.0x10⁹/L and 0.8x10⁹/L. C-reactive protein (CRP) and procalcitonin (PCT) were 36 U/L and 1.0 U/L. She was treated with acyclovir and ceftriaxone. Brain computed tomography, chest x-ray, abdominal ultrasound, cultures of blood and urine and lumbar puncture, included molecular studies for viruses, were negative. Symptoms improved two days after treatment started and ANC, ALC, CRP and PCT returned to normal.

Conclusions: In clinical trials, transient neutropenia was found in 13% of ocrelizumab-patients. In literature, there is only one reported case of LON following ocrelizumab treatment in MS. Our case highlights the importance of serial monitoring of blood count after ocrelizumab and prompts further investigations to unravel underneath causes.