We describe a series of drug-related adverse events occurred in our Inflammatory Bowel Diseases (IBD) outpatients clinic.

**Mesalazine–induced interstitial lung disease (ILD):** VDC, male aged 65 years with a mild left-side UC diagnosed in 2010 and on Mesalazine therapy. In 2013, for worsening dyspnea he was diagnosed with an ILD on the basis of chest X-ray, CT scan and exclusion of other causes. The pneumologist stopped Mesalazine and started oral steroids with a progressive amelioration of dyspnea. Now the patient is on Azathioprine in gastrointestinal and pneumological remission.

GP, woman aged 45 years with UC diagnosed in 1995. She was admitted in ER for dyspnea in 2012. The pneumologist hypothesized a Mesalazine-induced ILD. The suspension from the drug, however improved but not resolved the lung disease.

**Beclometasone-induced cutaneous folliculitis:** This drug induces remission in mild to moderate active IBD, is a non-absorbable steroid with lower systemic steroid levels and side effects than conventional oral steroid. In our patients, the drug was prescribed according to drug label for one month (5 mg OD) and in 3 of them folliculitis developed after 15-20 days from fist administration that disappeared at suspension.

**Anti-TNF -induced Epidermolysis bullosa:** RDR, 24 years old, female was on anti-TNFα agent (5° infusion) for CD while a hand epidermolysis bullosa, a rare, acquired, chronic sub epidermal bullous disease of the skin and mucosa characterized by autoantibodies to type VII collagen (C7) structures, occurred. The drug was then stopped with a complete resolution of symptoms.