ACNE, ROSACEA, AND RELATED DISORDERS (INCLUDING HIDRADENITIS SUPPURATIVA)

PAPASH SUCCESSFULLY TREATED WITH ADALIMUMAB THERAPY

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Background: A 50-year-old woman was examined for the appearance of two rapidly growing ulcerated lesions with an elevated border and an inflammatory red-purple halo located on the right leg. The lesions were painful and measured 8 and 6 cm in diameter. Such lesions had been diagnosed two years earlier as Pioderma Gangrenoso (PG) and treated with topical and systemic therapies (dapsone, steroids, cyclosporine A) with partial clinical benefit. In addition a diagnosis of arthritis was made three years prior to our observation. The patient physical examination showed nodular lesions, draining sinus traits and scar-like fibrous shoots compatible with a diagnosis of Hidradenitis Suppurativa (HS) Hurley III and moderate nodulocystic acne of the face.
Histopatologic examination supported the diagnosis of PG and HS. Therefore PAPASH syndrome was diagnosed (artritis, acne, PG and suppurative hidradenitis).

Observation: It was decided to embrace the immunomodulatory therapy (intravenous corticosteroids 1mg/kg/day and ciclosporin A) with biological drug Adalimumab at the dosage for HS (dosed for induction and maintenance dose 40 mg/week) with progressive reduction of cyclosporine and cortisone and excellent clinical response.

Key message: PAPASH syndrome may require long term of immunomodulatory therapy but also biologic therapies, such as adalimumab, can be considered a good option to control the disease.