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## DEVELOPMENT OF SUPERFICIAL THROMBOPHLEBITIS DURING SECUKINUMAB TREATMENT IN A PATIENT WITH PSORIASIS: A CASE REPORT

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Background: Secukinumab, the fully humanized monoclonal antibody selectively neutralizing IL-17A, is used to treat moderate to severe psoriasis patients who do not respond to conventional systemic therapies and/or those who can not use conventional systemic therapies due to their side-effects. Here, we present a superficial thrombophlebitis case during secukinumab treatment.

Observation: A 48-year-old male patient with psoriasis vulgaris was initiated secukinumab because of unresponsiveness to previous treatments. The patient presented to our outpatient clinic with redness and swelling on the right arm after the 2nd dose of induction treatment. Dermatologic examination revealed a linear, erythematous, edematous, tender plaque on the right upper arm of the patient. Doppler ultrasonography examination was consistent with the clinical diagnosis of superficial thrombophlebitis. The diagnosis was confirmed by histopathological examination.

The patient was diagnosed as superficial thrombophlebitis with clinical, radiological and histopathological findings. The detailed investigations in terms of conditions that may cause a tendency to thrombosis were within normal limits. Secukinumab treatment was stopped. The lesion was completely regressed on the 21st day of follow-up.

Key message: Nasopharyngitis, headache and upper respiratory tract infection are the most common side effects of secukinumab treatment. Other infections such as mucocutaneous candidiasis, herpes labialis, tinea pedis, conjunctivitis, otitis media are also frequently seen. The development of thrombophlebitis under secukinumab treatment has not been reported previously in the English literature. This may be coincidental or may be associated with a change in the immune response caused by secukinumab.





