ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

SYMPTOMATIC ADRENAL INSUFFICIENCY COMPLICATING THE MISUSE OF TOPICAL CORTICOSTEROIDS FOR PSORIASIS

S Boumaiza [1] - M Korbi [2] - Y Soua [3] - H Belhadjali [4] - M Youssef [2] - J Zili [2]

University Hospital, Department Dermatology, Monastir, Tunisia [1] - University Hospital, Department Of Dermatology, Monastir, Tunisia [2] - University, Department Of Dermatology, Monastit, Tunisia [3] - University Hospital, Department Of Dermatology, Monastit, Tunisia [4]

Background: Treatment of psoriasis is primarily based on topical corticosteroids. However, the long-term use of these treatments can cause iatrogenic complications, particularly, adrenal insufficiency. Herein, we report the case of a patient who had symptoms of adrenal insufficiency due to long-term topical steroid misuse.

Observation: A 52-year-old man was admitted at our department for an exacerbation of psoriasis, from which he had been suffering for 10 years. He was treated by topical corticosteroids including daily whole body application of high-potency corticosteroids (betamethasone dipropionate, 30g per day). The exacerbation was caused by the sudden stop of topical corticosteroids for financial problems. The patient reported a weight-loss and fatigue. The clinical examination objectified an IMC of 19 and multiple plaques of psoriasis on his body. Besides, he presented episodes of hypotension and hypoglycemia. There were no clinical signs of cortisonic impregnation. The cortisolemy was low (116microg/dl). The diagnosis of a chronic adrenal insufficiency was confirmed. The patient was treated with oral hydrocortisone leading to clinical improvement.

Key message: Our patient presents an exacerbation of psoriasis complicated by adrenal insufficiency without sign of hypercorticism. Indeed, impairment of the skin barrier due to psoriasis enhanced systemic absorption of the topical steroids. Therefore, corticoids applied to large cutaneous surfaces, slow down the secretion of ACTH inducing an adrenal insufficiency. Other factors can raise the skin absorption of topical steroids such as: type of preparation, quantity, and frequency of application, location and patient age. According to the literature, a class II glucocorticoid (betamethasone dipropionate ointment and clobetasol propionate) can have more systemic side-effects compared to the other types of corticosteroids with a significant difference. Our observation illustrates the need of exploring the hypothalamic-pituitary-adrenal axis in a prolonged use of topical corticosteroids espcially on cutaneous large surfaces of psoriasis.