



ATOPIC ECZEMA/DERMATITIS

DECONSTRUCTING DERMATITIS ON DUPIUMAB THERAPY

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Introduction: While dupilumab often leads to significant improvement in body dermatitis, results have been less promising with facial dermatitis. Allergic contact dermatitis (ACD) may play a role in unresolved disease.

Objective: In an effort to elucidate an etiology for recalcitrant dermatitis on dupilumab, we examined characteristics of our patients with atopic dermatitis (AD) who ultimately underwent dupilumab therapy. In patients with residual disease, we investigated potential underlying ACD.

Materials and Methods: We used retrospective chart review to analyze 35 AD patients receiving dupilumab therapy between May 2017 and August 2018. Improvement was reported as subjective patient measurement. Residual dermatitis was reported by examination on follow-up.

Results: On first follow-up after initiating dupilumab (average 2 months), patients reported an average of 81.1% improvement of their dermatitis. Residual dermatitis was observed in 27 patients (77%), with the most common areas affected being the head and neck (22/35 or 62.8%) and the trunk (8/35 or 22.8%). In the 5 of 27 patients with residual dermatitis who underwent advanced patch testing, ACD was detected in 4; three of these patients have so far reported improvement of their residual dermatitis with allergen avoidance, with one achieving complete clearance. While AD patients on average noted 85.6% improvement within 2 months, those with PN (prurigo nodularis) reported an average of only 33% in this time. However, up to 8 months after initiating dupilumab, 2 of the 4 patients with PN reported 90-95% improvement.

Conclusions: Despite high patient-estimated clearance rates with dupilumab, a large number of patients exhibited residual dermatitis, with the face being most commonly affected. Improved clearance of recalcitrant dermatitis with allergen avoidance suggests that underlying ACD may be the cause, rather than failure of dupilumab. Finally, a differential response rate with PN patients on dupilumab suggests that providers should anticipate longer interval time before clearance.

