INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

IDENTIFICATION OF MYCOBACTERIUM LEPRAE DNA IN PSORIASIS AND/OR PSORIATIC ARTHRITIS PATIENTS UNDER IMMUNOBIOLOGICAL THERAPY

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Background: Leprosy is an endemic disease in developing countries. It can take years to manifest symptoms, and its diagnostic can be hindered either by the necessity of multiple diagnostic tests, or by the unavailability of them. The larger use of immunobiological therapies may bring the need for screening endemic diseases other than tuberculosis. There are case reports about leprosy and immunobiological drugs, although this association impact has not been studied.

Objective: To identify the DNA of Mycobacterium leprae in patients receiving immunobiological drugs for psoriasis and/or psoriatic arthritis, residing in endemic areas.

Materials and Methods: Dermatology outpatients of the Brasilia University Hospital with psoriasis and/or psoriatic arthritis were divided into 3 groups: patients on immunobiological drugs (anti-TNF, or anti-interleukins); patients on methotrexate; and patients on non-immunosuppressive treatment (topical, NSAIDs, phototherapy, or acitretin). There was a healthy control group. The subjects underwent an interview, blood and lymph sampling for serology (anti-PGL-1), and PCR technique for M. leprae DNA.

Results: 311 patients were included: 96 on immunobiological drugs, 94 on methotrexate (MTX), 69 on non-immunosuppressive treatment (NIST), and 52 controls.
The PCR for M. leprae was positive in 5 subjects (1 control, 1 on MTX and 3 on immunobiologicals). The anti-PGL1 test was performed in 70 patients, and was positive in 18 (2 on NIST, 4 on MTX and 12 on immunobiologicals). Baciloscopy was negative for all patients.

Conclusions: The findings show there are subclinical infections with M. leprae in patients

receiving immunobiological treatment¬¬. A high positivity of the serology can be observed in endemic areas, yet without a definition if it means a higher risk of developing the disease. Hence, leprosy screening should be considered in this scenario, and patients whose tests are positive should be followed for clinical manifestations, given immunity suppression could trigger them.