



MEDICAL THERAPIES AND PHARMACOLOGY

## **SUCCESS OF THE IL-17 INHIBITOR IXEKIZUMAB, IN A CASE OF REFRACTORY PEDIATRIC PSORIASIS AND A REVIEW OF BIOLOGICS FOR MODERATE TO SEVERE PEDIATRIC PSORIASIS VULGARIS**

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**Background:** Pediatric psoriasis is a common and disfiguring cutaneous disease that has significant consequences on patient quality of life. The current biologic regimens for moderate to severe pediatric psoriasis vulgaris include ustekinumab, which inhibits IL-12 and IL-23, and etanercept or adalimumab, which inhibit TNF-alpha. The evidence for use of other biologic agents for moderate to severe pediatric psoriasis has been limited.

**Observations:** The intention of this case report is to provide evidence of the efficacy of ixekizumab, an IL-17 inhibitor, in the treatment of refractory pediatric psoriasis and to review the use of ustekinumab, etanercept, and adalimumab in moderate to severe psoriasis vulgaris. A 15-year-old male with severe, refractory psoriasis vulgaris was treated with ixekizumab injections with the following dosing: 160 mg loading dose, followed by bi-weekly 80 mg for 12 weeks then monthly 80 mg. Four weeks after initiating ixekizumab injections, the patient had striking improvement in his psoriatic lesions with a decrease from baseline PGA of 3 to 1.

The PubMed database was used to search the following terms: adalimumab, etanercept, pediatric, psoriasis, refractory, resolution, treatment, and ustekinumab. The relevant papers and their references generated by the search were reviewed.

**Key Message:** Ixekizumab is not currently an FDA-approved treatment for pediatric psoriasis. Ustekinumab and etanercept are both FDA approved and have been used with good but incomplete responses in many cases. This case report illustrates the success of ixekizumab in the treatment of pediatric psoriasis refractory to traditional biologics and suggests IL-17 blockade may be highly effective in treating moderate to severe pediatric psoriasis.

