MEDICAL THERAPIES AND PHARMACOLOGY

TYPE I PITYRIASIS RUBRA PILARIS TREATED WITH TUMOR NECROSIS FACTOR INHIBITORS, USTEKINUMAB, SECUKINUMAB, OR APREMILAST: A SYSTEMATIC REVIEW

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Background: Pityriasis rubra pilaris (PRP) is a rare papulosquamous disorder often refractory to conventional treatment with acitretin or methotrexate. Reports on successful use of tumor necrosis factor (TNF)-α inhibitors, ustekinumab, secukinumab, or apremilast for refractory PRP have increased in recent years. We sought to characterize the outcomes of type I PRP treated with biologics and/or apremilast described in the literature and also from patient surveys.

Observation: In the literature, when PRP improved on a biologic >90% of cases noted benefit at or before week 8 of treatment. We identified 8 instances where disease relapse occurred, and 6 cases where no clinical benefit from a biologic was observed. We are still gathering data from our patient survey but thus far similar results exist in our patient surveys, suggesting that many biologics are highly successful in treating PRP.

Key Message: Biologics are of substantial value for treating refractory type I PRP, but given limited data, selective reporting, variable follow up periods, and inconsistent definitions on disease improvement, meaningful comparisons between different biologic treatments or estimations of efficacy cannot yet be made.