



PRURITUS

## APREMILAST ABOLISHED ITCH AND SKIN LESIONS IN CHRONIC PRURIGO

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**Background:** A 70-year-old female patient with mild to moderate palmoplantar psoriasis treated with etanercept developed an intensely pruritic papular exanthema after influenza-virus vaccination. Etanercept was discontinued and the patient treated with topical corticosteroids, antihistamines, and narrowband UVB. Despite treatment the patient developed chronic prurigo (prurigo nodularis) with symmetrically distributed pruritic nodules on her arms, upper back, and especially on lower legs. The patient experienced very severe itch with WI-NRS of 10 (WI-NRS = worst itch on the numerical rating scale with 0=no itch and 10=worst imaginable itch) and AVI-NRS (average itch on the NRS) between 8 and 10. We treated the patient with apremilast, a phosphodiesterase 4 (PDE4) inhibitor licensed for the treatment of moderate to severe psoriasis and psoriasis arthritis, with reported antipruritic effects in psoriasis.

**Observation:** Within 6 days of apremilast treatment the patient experienced a significant reduction in itch and after 1 month of apremilast WI-NRS reduced from 10 to 5 (50% reduction) and AVI-NRS from 8 to 2 (75% reduction). While continuing apremilast 30mg twice daily, the patient wanted to be additionally treated with topical corticosteroids for 4 weeks (once daily for 1 week, thrice weekly for 1 week and then twice weekly for 2 weeks) and with sulfuric-bathwater plus narrowband UVB thrice weekly for further 4 weeks. Within 3 months of apremilast treatment itch was completely abolished and prurigo lesions started to heal. During the following 9 months of apremilast treatment itch remained absent and prurigo lesions completely cleared. Thus, apremilast was discontinued and the patient followed for further 12 months during which neither itch nor prurigo lesions recurred.

**Key message:** In our patient with chronic nodular prurigo apremilast completely cleared itch and prurigo lesions. Apremilast, thus, might be a promising future treatment for chronic prurigo, for which to date no licensed treatment is available.

