



PSORIASIS

ACUTE METHOTREXATE TOXICITY: IN CASES OF GENERALIZED PUSTULAR PSORIASIS

Riyana Noor Oktaviyanti⁽¹⁾ - Rahmadewi Rahmadewi⁽²⁾ - Cita Rosita Sigit Prakoeswa⁽³⁾

Airlangga University Faculty Of Medicine, Department Of Dermatology And Venereology Dr. Soetomo General Hospital Surabaya, Surabaya, Indonesia⁽¹⁾ - Airlangga University Faculty Of Medicine, Department Of Dermatology And Venereology Dr. Soetomo General Hospital Surabaya, Surabaya, Indonesia⁽²⁾ - Airlangga University Faculty Of Medicine, Department Of Dermatology And Venereology Dr. Soetomo General Hospital Surabaya, Surabaya, Indonesia⁽³⁾

Background: Generalized Pustular Psoriasis (GPP) is a Recalcitrant disease with multiple pustul. Sixty-five percent of cases acute GPP occur in psoriasis vulgaris. Methotrexate to be the first line therapies. MTX induced pancytopenia can occur in the early stage of treatment. The prevalence of hematological toxicity is estimated to be 2% to 4% of all treated cases

Observation: Mrs. R 29 year old with multiple pustules since 2 weeks before hospitalized and several wound since 1 week ago with Itchy and burning sensation. Most of the pustule become confluent, and erosion. The result of histopathologi is pustular psoriasis. During hospitalized patient got therapy methotrexate 15 mg for 1 cycle (start with normal blood count) and 3 day later the result of laboratory examination become abnormal (anemia 6,4 g/dl, leukopenia 3.570/ul and increase of serum transaminase SGPT 52U/L). We temporary stop methotrexate, give patient PRC transfusion and evaluated the laboratorium every 5 day. After 2 weeks later the result of laboratorium is normal, and then we give patient with methotrexate but reduce the dose from 15 mg become 7,5 mg and folic acid 3 mg. We stil evaluated condition of patient and laboratorium examination. After 1 month therapy with methotrexate 7,5 mg and folic acid 3 mg the result is good, no pustule and no side effect.

Key Message: The Side effects of methotrexate can be quickly progressive and fatal, include pansitopenia, myelosuppression, hepatotoxicity, pneumonitis and renal toxicity. To avoid MTX side effects, it is advised to blood count every 4-8 week. Dose of MTX is reduced by 50% and folic acid treatment can decreases toxicities of MTX.

