



PSORIASIS

APREMILAST & CYCLOSPORINE IN PSORIASIS: A CASE REPORT

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Background: Apremilast is an oral phosphodiesterase 4 inhibitor approved for treatment of moderate to severe chronic plaque psoriasis. There is paucity of data on safety and efficacy of Apremilast as a component of combination therapy with conventional systemic therapies, especially so with oral Cyclosporine.

Observations: A 29-year-old male with chronic plaque psoriasis on regular follow-up since last 10 years presented with worsening of psoriasis and subsequent depression. Before 8 months, he had been resistant to conventional treatment including methotrexate & cyclosporin. He had stopped the prescribed medicines by himself, presenting after 6 months to the clinic with a PASI score of 24.7. Biologics was not started due to unaffordability. Patient was started on oral Apremilast 10mg od, gradually increased to 30mg bd by one week. A follow-up in 2 weeks revealed routine investigations to be normal, but with an increase in PASI score to 32.4. Patient was started on Oral Cyclosporine 100mg od and asked to review after 3 weeks. At follow-up, investigations were normal and PASI score reduced to 29.2. Cyclosporine was increased to 100mg bd along with continuation of 30mg bd Apremilast. Patient was reviewed again after 4 weeks with routine investigations being normal and good improvement with PASI score reducing to 6. The response rate being PASI 75 at 8 weeks. All throughout, the patient did not report any significant adverse event and his depression improved with clearing of lesions. Patient was advised to continue the same medications. It is planned to reduce and stop cyclosporine and to continue with Apremilast on the next follow-up visit.

Key message:

1. Oral Apremilast is of lower efficacy as a monotherapy.
2. Apremilast is safe and efficacious in combination with oral Cyclosporine.
3. Combination therapies are increasingly important in treatment of Psoriasis.
4. Further studies needed to confirm findings.

