PSORIASIS

BIOLOGIC THERAPY OF PSORIASIS IN HAEMODIALYZED PATIENTS. A REPORT OF THREE CASES

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Objective: Systemic treatment of psoriasis in patients with end-stage of renal failure, including those of undergoing haemodialysis, represent a therapeutic challenge. With respect to of frequent occurence of co-morbidities in these patients and toxicity of traditional systemic antipsoriatics, biologic treatments may be treatment of choice for patients on haemodialysis. However, medical data are sparse.

Methods: Authors describe 3 cases of male patients with severe psoriasis on haemodialysis treated with adalimumab, ustekinumab and secukinumab.

Results: Risk factors of kidney disease were vascular nephrosclerosis, diabetes and tubular intersticial nephritis. Haemodialysis preceed the biologic therapy in 2 patients , in one patient haemodialysis started after 6 years-lasting biologic therapy with ustekinumab. Average time of treatment has been 11,3 month. No dose reduction was necessary.
All patients reached the PASI 90. No adverse event related to biologic therapy occured. Pharmacokinetic aspects and metabolism of biologics includind their lysosomal biodegradation are discussed.

Conclusion: Authors describe three patients on haemodialysis treated by three different groups biologics. Biological treatment is a suitable therapeutic option for patients with severe psoriasis on haemodialysis. Sucutaneously apllied biologics are preferable. Because of immunosupresive effect of biologics and impaired host defense in these patients monitoring and follow up for infection are necessary.