



PSORIASIS

## CUTANEOUS INFLAMMATORY REACTIONS IN PSORIATIC PATIENTS TREATED WITH ANTI IL 17 THERAPIES

*Giacomo Caldarola<sup>(1)</sup> - Gaia Moretta<sup>(1)</sup> - Federico Pirro<sup>(1)</sup> - Laura Calabrese<sup>(1)</sup> - Magda D'agostino<sup>(1)</sup> - Ketty Peris<sup>(1)</sup> - Clara De Simone<sup>(1)</sup>*

*Catholic University, Fondazione Policlinico Universitario A. Gemelli Ircs, Institute Of Dermatology, Rome, Italy<sup>(1)</sup>*

**Introduction:** Data from real life experience often show the development of new side effects, not previously reported in randomized clinical trials (RCTs). In fact, RCTs include selected patients which often are naïve to biologic treatment or have no comorbidities. Cutaneous or paradoxical reactions have been described in real life during anti TNF inhibitor treatment. To date, only few case reports have described cutaneous side effects during secukinumab or ixekizumab.

**Objectives:** To evaluate prevalence of and clinical features of cutaneous inflammatory reactions in psoriatic patients during anti IL 17 treatments.

**Methods:** Observational study conducted on a cohort of patients with psoriasis, occurring to our clinic in the last 2 years. All cutaneous inflammatory reactions (eczematous or psoriasiform) developed during secukinumab or ixekizumab treatment have been collected. The diagnosis of drug reaction was based on the clinical suspicion and Naranjo score > 4. Clinical characteristics, demographic and anthropometric data were reported. Histologic examination of skin specimens was also performed by the same histopathologist.

**Results:** We collected 10 psoriatic patients who developed cutaneous reactions during treatment with secukinumab or ixekizumab. Clinical appearance ranged from palmoplantar pustulosis to eczematous and/or psoriasiform manifestations. Moreover, one patient developed diffuse vitiligo and mild hidradenitis suppurativa. No predictive factors of this reaction have been found by this analysis.

**Conclusions:** Our case series suggest that cutaneous inflammatory reactions may represent a side effect of anti-IL 17 treatment which were not described in RCTs. Further data are needed to understand the underlying mechanisms and to find predictive factors.

