ABSTRACT BOOK
ABSTRACTS

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PSORIASIS

EFFICACY OF ADALIMUMAB IN DIFFICULT-TO-TREAT PSORIASIS

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Introduction: Psoriasis is a chronic immune-mediated inflammatory skin disorder, with a prevalence of 2–3% worldwide. Psoriatic lesions affecting scalp, nails, palms, and soles are considered as difficult-to-treat and need specific management. Involvement of these sites frequently shows an important physical and emotional impairment and the lesions are tough to control with topical therapies due to insufficient penetration of active components and the inadequate cosmetic features of the vehicles used. Therefore, when difficult-to-treat sites are involved, psoriasis can be considered severe even if the lesions are not extensive. Adalimumab (Humira(®)) is a fully human monoclonal antibody against tumour necrosis factor (TNF), administered with subcutaneous injection. It has already been used in the treatment of adults and children with moderate-to-severe chronic plaque psoriasis.

Objective: to evaluate the efficacy of Adalimumab in difficult-to-treat psoriasis.

Materials and Methods: We conducted an observational study of 24 weeks on 35 patients with difficult to treat psoriasis, whom 4 were children. Nails psoriasis affected 13 patients, palmo-plantar psoriasis affected 2 patients while scalp psoriasis was present in 30 patients and genital psoriasis in 4 patients. Patients received adalimumab 40mg every 2 weeks. Safety and efficacy were assessed at weeks 0,6,12 and 24 using PASI, PAIN VAS, ITCH VAS, DLQI, BSA, NAPSI, hfPGA, PSSI to measure the improvement.

Results: PASI, PAIN VAS, ITCH VAS, DLQI, BSA, NAPSI, hfPGA, PSSI showed a decrease in 95% of patients, the rest 5% showed an improvement only with the administration of 40mg of adalimumab every week.

Conclusions: Continuous treatment with Adalimumab for 24 weeks was efficacious in the treatment of patients with difficult-to-treat psoriasis.

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