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PSORIASIS

## ERUPTIVE LENTIGINOSIS IN RESOLVING PSORIATIC PLAQUES AFTER TREATMENT WITH METHOTREXATE: A CASE REPORT

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Background: Psoriasis is a disease that in most cases resolves without residual stigmas. Few cases of Eruptive lentiginosis have recently been described in areas of resolving psoriatic plaques (ELRP). This is characterized by the appearance of lentigines confined to areas where there was a psoriatic plaque. The majority of cases reported have been associated with the use of biologic treatments. We present the case of a patient who developed ELRP after completing treatment for psoriasis with methotrexate.

Observation: A 64-year-old man with prior diagnosis of psoriasis and without other significant comorbidities presented with persistent psoriatic plaques after treatment with topical steroids. Given poor initial response to steroids, oral methotrexate on a dose of 10 milligrams weekly was started. Patient was able to achieve significant clinical improvement. After 4 months of treatment patient developed multiple brown macules of 2-5 millimeters in size grouped on well-defined, light brown patches located on the thorax, abdomen, arms and thighs. These new lesions were confined to the areas where he previously had psoriatic plaques. Patient reported no new medications except for the methotrexate and no prior history of lentigines. A punch biopsy was obtained that showed increased pigmentation of the basal layer of the epidermis and lentiginous epidermal hyperplasia.

Key Message: ELRP is a rare and recently described entity that has been associated to the use of biological therapies such as Ustekinumab and Adalimumab, calcipotriol, carbonic liquor, anthralin and topical corticosteroids. The physiopathology remains unclear. It has been proposed that the decrease of cytokines, especially interleukin-17 and tumor necrosis factor after psoriasis treatment could play an important role in the production of pigment. To date, there have been no prior reports of ELRP developing after treatment with Methotrexate, which may possibly describe a new side effect of this drug.





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