

PSORIASIS

IMPROVEMENT OF GLYCATED HEMOGLOBIN (HBA1C) AND NECROBIOSIS LIPOIDICA IN PATIENTS WITH PSORIASIS AND DIABETES MELLITUS TREATED WITH APREMILAST.

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Background: Psoriasis is a chronic inflammatory disease of the skin associated with a high prevalence of obesity and metabolic syndrome. In our study, two patients with plaque psoriasis and necrobiosis lipoidica on unregulated diabetes mellitus treated with methotrexate (MTX) are presented. Administration of apremilast resulted in improvement of both the glycemic index and the necrobiosis lipoidica.

Observation: Patient A. 68-year-old male, with severe plaque psoriasis (PASI: 24.4) by 15 years, coexisting necrobiosis lipoidica by a month and diabetes mellitus (type II) (baseline HbA1c: 8.0%) under anti-diabetic treatment. Patient B. 62-year-old male, with rheumatoid arthritis, under treatment with prednisolone, severe plaque psoriasis (PASI: 12.8) and necrobiosis lipoidica on the legs (baseline HbA1c 6.3%). At the time of attendance, patients received only local treatment for psoriasis. Initiation of systematic treatment with methotrexate 10-15mg / week and folic acid 5mg / week was decided. One year later, a deregulation of diabetes mellitus was observed. In patient A the HbA1c increased from 8.0% to 10.1% and in patient B from 6.3% to 7.3%. In addition, a significant clinical improvement of psoriasis (Patient A. PASI: 3.5 and Patient B. PASI: 7) was detected but the lesions of necrobiosis lipoidica on the legs remained stable. A discontinuation of methotrexate and administration of an immune response was then decided. Within 7 months, the following results were obtained. The HbA1c value was reduced to 6.1% in patient A and 6.2% in patient B, an improvement of necrobiosis lipoidica and a remission of psoriasis (PASI 0) were also noted.

Key message: Apremilast, an oral phosphodiesterase-4 inhibitor, is a safe and effective treatment option in patients with plaque psoriasis and diabetes mellitus as it is associated with a decrease of HbA1c.