



PSORIASIS

IXEKIZUMAB FOR SEVERE PSORIASIS IN A LIVER TRANSPLANT RECIPIENT

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Background: Biological therapies have revolutioned psoriasis treatment. However, immunosuppressed psoriatic patients, as in the case of transplant patients (TPs), are excluded from the benefits of biologics caused by the higher risk of serious infections. In most cases, TPs experience a significant clinical improvement of psoriasis because of the anti-rejection therapy. No specific guidelines are available for those rare cases of TPs who develop active psoriasis. Data regarding psoriatic TPs treated with biologics are scarce. No psoriasis TPs treated with ixekizumab have been reported so far.

Observation: a liver transplant 54 year-old man referred to our department for a flare of psoriasis. He had a PASI score of 14,6 and a DLQI of 22. The patient also suffered of arterial hypertension, hepatitis B and C. The complex clinical situation of the patient contraindicated the use of traditional DMARDs. Phototherapy was refused by the patient for logistical reasons. On the basis of the recent data indicating the efficacy and safety of ixekizumab in psoriasis, we decided to start a regimen with the above cited drug. Ixekizumab was administered following the Italian drug agency indications.

After 3 months of therapy, the patient reached PASI 0 and DLQI 1. At the last visit (9th month from the start of treatment) remission persisted. No infective complications or dysfunction of the transplanted organ were shown.

Keymessage: our case has shown that ixekizumab was effective and well tolerated in an immunosuppressed organ transplant psoriasis patients after 9 months of therapy.

