



PSORIASIS

LYMPH NODE TUBERCULOSIS DURING ADALIMUMAB THERAPY FOR SEVERE PLAQUE PSORIASIS

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Background: tuberculosis (TBC) is one of the main causes of death worldwide, the first one among infectious diseases, more than HIV and AIDS. Adalimumab is a monoclonal antibody that blocks the effect of tumor necrosis factor alpha (TNF- α) and is used widely for the treatment of severe plaque psoriasis. A latent TBC may become active as a result of such therapy.

Observation: a 29-year-old male with a history of severe plaque psoriasis (PASI 17) with great impact on his quality of life (DLQI 25), that had been refractory to multiple lines of systemic therapy. Therapy with Adalimumab was initiated after the corresponding laboratory and imaging tests, including a Mantoux test and a chest x-ray, ruled out an underlying infectious disease.

The patient evolved with improvement of the skin lesions and achieved PASI 100 at week 12. However, after four months of treatment, he was hospitalized for fever of unknown origin and a persistent dry cough. A full body computed tomography (CT) exhibited multiple generalized mediastinal and retroperitoneal adenopathies. A lymph node biopsy showed a chronic necrotizing granulomatous inflammation. PCR tested positive for *Mycobacterium tuberculosis*.

Adalimumab therapy was withdrawn and he was treated with pyrazinamide 1500 mg, rifampicin 600 mg, isoniazid 300 mg and ethambutol 1200 mg daily orally during four months, afterwards he continued with isoniazid and rifampicin for seven months. Furthermore, he completed a year with prophylaxis with isoniazid 300 mg daily.

After the withdrawal of Adalimumab, the patient presented a severe exacerbation of his psoriasis, and he then started therapy with Secukinumab, an antibody that blocks the effect of IL-17A.

Key message: TBC screening should be routinely performed in patients who are about to start therapy with monoclonal antibodies against TNF- α - Consider the use of alternative therapies that do not interfere with TBC pathogenesis in certain patients.

