



PSORIASIS

## MULTIPLE PARADOXICAL REACTIONS DURING IXEKIZUMAB THERAPY

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Background: Data about cutaneous side effects or paradoxical reactions during anti IL 17 inhibitor therapy are scarce.

Observation: We examined a 48-year-old male with chronic plaque psoriasis of 17-year duration, previously treated with topical corticosteroids and systemic acitretin. Medical history showed depression and previous alcohol abuse. At initial observation, PASI score was 28 and the patient was treated with ixekizumab. A significant clinical improvement was observed (PASI=4) at week 4 and complete remission was achieved (PASI=0) at week 8. However, at Week 8, vitiligo lesions were diagnosed on the perioral region, lower extremities, and dorsum of the hands. In addition, painful inflammatory nodules developed on both axillae during the last week: the ultrasound examination confirmed the clinical diagnosis of hidradenitis suppurativa (HS). Moreover, at Week 9, despite remission of psoriasis lesions, the patient developed palmo-plantar pustulosis (PPPP). The patients continued treatment with ixekizumab and was successfully treated for PPPP with clobetasol ointment, for HS with topical clindamycin gel and for vitiligo with topical tacrolimus ointment, over a period of 4 weeks.

Key message: Paradoxical reactions as vitiligo, HS and PPPP may occur during treatment with ixekizumab. However, they can be successfully treated with topical therapies, as in our patient.

