PSORIASIS

OBESITY AND PSORIASIS: A CASE SERIES.

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Background: Obesity is a chronic disease of multifactorial etiology characterized by excessive body weight due to adipose tissue storage. The World Health Organization has set the criteria to classify obesity based on the Body Mass Index (BMI).
In literature the psoriatic patients are more frequently obese than the general population and in theese subjects the adipose tissue is a real endocrine organ, producing molecules with hormone-like functions called adipocytochines. These can negatively affect cutaneous disease.
Obese patients with psoriasis show increased levels of leptin, resistin and visfatin, pro-inflammatory adipocytochines able to promote neoangiogenesis, to promote keratinocyte proliferation and to stimulate the production of TNF-α, IL-1, IL -6, IL-12 and IL-17.
From the therapeutic point of view, it is known that obese patients show a lower response to systemic treatments for psoriasis and often they have a less therapy effectiveness compared to normal weight patient. In the obese patient a reduced efficacy of biotechnological drugs is mainly related to the increase in the volume of distribution, on which the elimination half-life and the time to reach the therapeutic plasma concentration depend directly. This phenomenon is detect for fixed dose biological drugs above all (Etanercept, Adalimumab, Ixekizumab and Secukinumab), while it is less frequent for those with a weight-dependent dosage (Infliximab, Ustekinumab) .

Observation and Key Message: In our series we include 11 obese patients (5 women and 6 men), 2 of which are women with severe obesity. The two patients of severe obesity (BMI> 40) were treated in our center with Secukinumab and in both cases we reported a great improvement already at the end of the induction phase, with a reduction of PASI> of 50%. The goal was kept in the next maintenance phase. Both patients had psoriatic arthritis, which was also improved after the induction phase.