



PSORIASIS

ONSET OF BULLOUS PEMPHIGOID DURING PSORIASIS TREATMENT WITH ETANERCEPT AND REMISSION WITH USTEKINUMAB

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BACKGROUND: Overlap of Psoriasis and Bullous Pemphigoid (BP) is a common condition. BP is an autoimmune skin blistering condition which affects primarily two hemidesmosome proteins, BP180 and BP230. Higher levels of TNF-alpha on both blister fluid and serum are a common finding in psoriasis and BP, and this encourages the use of anti-TNF on both diseases. Previous reports have shown the improvement of psoriasis and BP with Etanercept, however, we describe our experience on BP onset during psoriasis treatment with Etanercept, and remission with Ustekinumab.

OBSERVATION: A 74-year-old female, with 18 years history of psoriasis, psoriatic arthritis and metabolic syndrome, presented with bullous on bilateral arms, spreading to the body, exception of mucous membrane. Previous treatment for the psoriasis with Methotrexate, Acitretin, topical corticosteroids had no response. Within 15 days after starting Etanercept, the bullous generalized lesions appeared. Biopsy has shown a subepidermal blister with eosinophils and a DIF confirmed BP. Etanercept was discontinued and started the treatment with prednisone 60mg QD and dapsone 100mg QD. The treatment for the BP was successful but the psoriasis got worse, so Etanercept was reintroduced. Surprisingly, new blistering lesions flared and etanercept was discontinued. Prednisone was continued and Ustekinumab, an IL-12/23 inhibitor, was introduced. After 1 year of follow up, the patient is still in clinical remission of both BP and Psoriasis.

KEY MESSAGE: We speculated two possibilities: epitope-spreading phenomenon occurred in this patient, considering that the chronic inflammation of the basal membrane altered in patients with psoriasis, could expose hidden protein components leading to distinct auto-anti-body production, and so, a new auto-immune disease may occur, or if etanercept could be an immunological trigger for auto-immune disorders in predisposed individuals. This case highlights that individualized care and caution should be taken when choosing an agent to treat complex diseases.

