PSORIASIS

PSORIASIS AND UVEITIS

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Background: Ocular compromise associated to psoriasis has been described in about 7-20% of patients including eyelid compromise, conjunctival, corneal, uveal, and lens abnormalities. Uveitis is described within the most severe associated eye conditions.

Observation: A 38-year-old male patient consulted for a 4 year onset severe skin plaque psoriasis He had a history of recurrent bilateral anterior uveitis with little response to systemic corticoids and topical cyclopentolate, segmental vitiligo, obesity (BMI30.86) and depression. At examination he presented PASI 18, nail psoriasis and active peripheral arthropathic psoriasis. Studies were requested : normal rutine laboratory, negative HLA B27, negative HIV HBV and HCV tests , but PPD for screening for Tuberculosis was positive (16mm) with normal chest radiography. Latent tuberculosis was diagnosed, he completed 6 months of 300mg daily isoniazid . Methotrexate 15mg weekly was started and increased after 6 weeks to 22.5mg weekly due to a poor response. Follow up of the patient was lost. He consulted again three years later with severe plaque psoriasis (PASI 26.4), sacroileitis, intense ocular pain and photophobia. DLQI 31 was observed New studies showed increased transaminases(x 3) and interpreted as drug hepatitis Adalimumab (Humira) 80mg followed by 40mg after 7 days and then 40mg every 14 days was initiated, with partial improvement of the cutaneous lesions achieving PASI 80 at 17 weeks. Excellent response of bilateral anterior uveitis and the arthropathy was observed. However, improvement of skin was partial and after 1 year treatment he reached PASI 13. Adalimumab was increased to 40mg weekly achieving PASI 90 after 3 months of treatment that lasts until present

Key message: Association of an uncommon but serious ocular co morbidity with excellent response to treatment with adalimumab. Challenge in the management of the skin lesions that required an increase of the adalimumab administration.