PSORIASIS

RESISTANT AND QUICKLY EXTENSIVE PANSCLEROTIC MORPHEA IN A CHILD OF 2 YEARS: EXPERIENCE WITH SIROLIMUS

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Background: Psoriasis is characterized by widespread scaly erythematous plaques that cause significant physical and psychological burdens for the affected individuals. Accelerated inflammation driven by the TNF-α/IL-23/IL-17 axis is now known to be the major mechanism of the development of psoriasis. In addition, psoriasis has an autoimmune nature that manifests as autoreactive T cells and is comorbid with other autoimmune diseases, such as autoimmune bullous diseases, vitiligo, alopecia and thyroiditis. we report a we report the case of a patient presenting with both psoriasis, vitiligo and Hashimoto's thyroiditis (HT).

Observation: A 32-year-old patient was admitted for dry erythroderma with extensive squamous lesions throughout the body following salazopyrin. Biopsies revealed psoriasis and the patient was put on acitretin, phototherapy and local treatment with good evolution. 5 months later, the patient presented achromic macules on the face, trunk, back and hands with canities. The diagnosis of vitiligo was raised and a biological assessment (anti-thyroglobulin, anti-thyroperoxidase antibodies and TSH) was required revealing an associated autoimmune thyroiditis.

Key message: Numerous pathogenic traits are shared by psoriasis and other autoimmune diseases, such as autoimmune bullous diseases, vitiligo and alopecia areata. Vitiligo is an autoimmune hypopigmentation disorder that is associated with psoriasis. Many studies have found a strong association and it is interesting that vitiligo and psoriasis share a common genetic susceptible locus. Evidence for a genetic contribution to an association for psoriasis and HT includes increased concordance rates in monozygotic twins and studies have aimed to identify the genetic polymorphisms involved in the pathogenesis of psoriasis. Particularly, the cytotoxic T-lymphocyte regulatory gene (CTLA4) single nucleotide polymorphism at position 49 in exon 1 has been linked to both psoriasis and HT. Future studies are warranted to explore the distinct pathways that underpin the inflammatory and autoimmune comorbidity.