



PSORIASIS

# SAFETY AND EFFICACY PROFILE OF ORAL CYCLOSPORINE VERSUS ORAL METHOTREXATE VERSUS ORAL ACITRETIN IN PALMOPLANTAR PSORIASIS – A PROSPECTIVE INVESTIGATOR BLIND RANDOMIZED CONTROLLED COMPARATIVE TRIAL.

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Introduction: Palmoplantar psoriasis is chronic relapsing disorder having severe impact on quality of life. It leads to embarrassment for individuals, because of dependency on others for even a minor work.

Objective: To study safety and efficacy of oral cyclosporine, oral methotrexate and oral acitretin in a comparative manner in palmoplantar psoriasis.  
To assess improvement in quality of life after treatment.

Methods: 75 patients of palmoplantar psoriasis were enrolled for study after skin biopsy and randomly divided into three groups of 25 each and assigned for treatment as follows:

Group A: Cyclosporine in dosage of 2.5-5mg/kg/day

Group B: Methotrexate in dosage of 7.5-15mg/week

Group C: Acitretin in dosage of 25-50mg/day.

Response to therapy was measured by following efficacy variables:

1. Modified Psoriasis Area and Severity Index (PASI)
2. Psoriasis Severity Scale (PSS)
3. Visual Analogue Scale (VAS)
4. Physician Global Assessment (PGA).

Improvement in quality of life was assessed by:

1. Palmo-Plantar Quality of Life index (PPQOL)

All patients were followed up on 7th, 21st, 35th, 66th and 90th day for assessing the above variables and monitor laboratory and clinical adverse effects, and thereafter monthly follow-up was done to find duration of remission.

Results: Mean PASI for palmoplantar psoriasis of group A, B, C was 12.80, 12.57,





and 11.92 at baseline, which reduced to 0.08, 2.12, and 0.78 respectively at end of 12 weeks. Difference was significant between cyclosporine and acitretin versus methotrexate ( $P < 0.001$ ).

Duration of remission for group A, B and C was 6.5, 3 and 9 weeks.

Conclusion: Acitretin & cyclosporine proved more efficacious than methotrexate with longer duration of remission. Cyclosporine has faster onset of action, while acitretin provides longer remission. Palmoplantar psoriasis should be considered a different subset of psoriasis in regard to therapeutic improvement.

