PSORIASIS

SECUKINUMAB IN HIV-POSITIVE PATIENT WITH CUTANEOUS AND ARTHROPATHIC PSORIASIS

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Background: Psoriasis affects 2-3% of the world population, with a prevalence of 4.6% in developed Countries; about 30% of psoriatic patients suffer from arthropathy, and 1% are infected with HIV. In these patients, arthropathy is more frequent, and clinical manifestations occur with greater severity if the CD4+ count is <200 mm3; this makes the severity of HIV-associated psoriasis a marker of immunosuppression.

Observation: The case is described of a 40-year-old Caucasian patient with severe psoriasis (PASI 33), with arthropathy and involvement of exposed areas – such as face, scalp and genitals – and with onychodystrophy; the patient is a drug addict and also HIV+, HCV+, HBV+ and HδV+; particular attention is required to the therapeutic management difficulties, due to the patient's refractoriness to conventional therapies. Psoriatic manifestations arose about two years ago; the patient had already received a therapy with acitretin 25 mg capsule and topical therapies for over six months, without any satisfactory results. Since the administration of cyclosporine and methotrexate in already immunosuppressed patients is not recommended, on 5/12/2016 we started the treatment with secukinumab administered subcutaneously – after the induction phase – at a dose of 300 mg every 28 days. After 14 months of treatment, the patient had reached a PASI 90 index of response to the treatment, without any more involvement of the difficult areas. Currently the patient is under treatment, without evidence of recurrence; therapy is well tolerated, without any change in the CD4/CD8 ratio or in other blood chemistry parameters, and without any interference with the antiretroviral therapy.

Key message: The therapeutic approach in these patients has greatly improved with new, highly manageable biological molecules such as secukinumab, which is a valid therapeutic option in HIV+ patients with moderate-to-severe psoriasis, especially in the presence of comorbidities.