

A new ERA for global Dermatology 10 - 15 JUNE 2019 MILAN, ITALY

PSORIASIS

SUCCESSFUL TREATMENT OF PALMOPLANTAR PUSTULOSIS WITH BRODALUMAB. TWO CASES REPORT

Maria Politou⁽¹⁾ - Anastasios Giannoukos⁽¹⁾ - Maria Pompou⁽¹⁾ - Nikolaos Fekkas⁽²⁾

A. Syggros Hospital Uoa, 1st Department Of Dermatology-venereology, Athens, Greece⁽¹⁾ - 401 General Military Hospital, Athens, Department Of Dermatology -venereology, Athens, Greece⁽²⁾

Background: Palmoplantar pustulosis (PPP) is a chronic, relapsing, pustular eruption that is localized to the palms and soles. Scale, erythema, pruritus or pain are common associated symptoms. The cause is unknown, and it is unclear whether it is a distinct entity or a localized pustular variant of psoriasis. PPP is associated with smoking, autoimmune thyroid disease and SAPHO syndrome. Recent findings suggest that IL/17 may play an important role in the pathogenesis of PPP. Topical corticosteroids, PUVA and acitretin are some options of treating PPP. There is some support for the use of TNF- α inhibitors in treating recalcitrant cases but not enough experience with Brodalumab (IL/17RA antibody). We report two cases of PPP treated with brodalumab.

Observation: A 58-year-old female patient presented to our clinic with a 10-year history of recurrent and painful pustules on palms and soles, with no other psoriatic skin lesions or arthritis symptoms. Our second patient is a 60-year-old female with a history of PPP, plaque psoriasis and inflammatory arthritis the last 8 years. Prior treatment included acitretin, methotrexate, Ustekinumab and acitretin, methotrexate, cyclosporin, Sekucinumab, Infliximab and Certolizumab Pegol respectively, which patients were not tolerant or not responded to. Brodalumab was initiated according to the SPC of the drug. Our patients condition had dramatically improved when they both presented for their third injection in 2 weeks and both remain clear of symptoms until today.

Key message: As the pathophysiology of psoriasis becomes more understood, new therapeutic agents are likely to become options for refractory cases. Recent findings suggest that not only the serum IL-17 but also tissue IL-17 are elevated in PPP. In this case, we found successful treatment with Brodalumab. This approach may be an option for other patients with PPP resistant to standard treatments, although more data and long-term follow-up are necessary.





International League of Dermatological Societies Skin Health for the World

