SUCCESSFUL TREATMENT OF RECALCITRANT PEDIATRIC GENERALIZED PUSTULAR PSORIASIS PATIENTS WITH ANTI-TNF-α THERAPY: A CASE SERIES FROM A TERTIARY CENTER IN TURKEY

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Background: Anti-tumor necrosis factor (TNF)-α therapies have revolutionized the treatment of psoriasis patients recalcitrant to conventional therapies in the past decade. Treatment of pediatric generalized pustular psoriasis (GPP), a rare and potentially life-threatening form of psoriasis, may pose a major challenge due to the lack of a standardized guideline. In this retrospective study, we present five pediatric patients with severe and recalcitrant GPP that were successfully treated with anti-TNF-α therapy between 2012-2018. To the best of our knowledge, this is the first case series of pediatric GPP patients treated with anti-TNFs to date.

Observation: Three boys and two girls (median age 5, range 2-13 years) with GPP were included in the study. In cases 1 and 2 who showed an excellent clinical response to adalimumab, only one anti-TNF-α was used. In cases 3 and 4, however, a sequential treatment strategy was employed with a rescue therapy of infliximab which provided rapid relief, followed by a switch to etanercept as a more convenient maintenance therapy. Case 5 experienced loss of efficacy with adalimumab and etanercept and failure of ustekinumab (anti-interleukin-12/23), but showed excellent clinical response to infliximab. All patients tolerated anti-TNF-α therapies well with only minor adverse events.

Key message: Based on our clinical experience, we suggest that anti-TNF-α therapies are effective and safe therapeutic options in severe pediatric GPP patients resistant to conventional systemic therapies. Moreover, sequential use of infliximab (rescue therapy) and etanercept (maintenance therapy) may constitute a novel promising approach to the treatment of unstable and rapidly progressive cases. Nevertheless, it is difficult to identify a unique safe and effective agent for GPP due to the lack of randomized controlled trials. Thus, further research is warranted for the evidence regarding the appropriate regimen as well as long-term efficacy and safety of anti-TNFs in this particular group of patients.