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PSORIASIS

## SUCCESSFUL TREATMENT WITH SECUKINUMAB OF 3 DIALYSIS PATIENTS WITH PSORIASIS VULGARIS AND PSORIATIC ARTHRITIS

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Background: Psoriasis is often associated with metabolic syndrome, including diabetes, which increases dialysis risk. Psoriasis in patients undergoing dialysis is expected to increase; however, little information is available about the efficacy and safety of biologics for patients with moderate to severe psoriasis undergoing dialysis. Here, we present 3 psoriasis patients who were successfully treated with secukinumab without any adverse events.

Observation: Patient 1. A 59-year-old man undergoing peritoneal dialysis for nephrosclerosis with psoriasis, who had been treated with phototherapy, developed psoriatic erythroderma and arthritis after percutaneous ethanol injections for hyperphosphatemia. Subcutaneous injections of secukinumab ameliorated the skin eruptions and arthralgia without any adverse events.

Patient 2. A 60-year-old man with psoriasis vulgaris; his erythematous lesions aggravated after stopping phototherapy. Despite the subcutaneous injection of secukinumab being effective, it was discontinued when he was hospitalized to start dialysis for diabetic nephropathy. His skin eruption remarkably worsened in 2 months. Restarting subcutaneous injections of secukinumab improved the eruptions, suggesting that stopping and restarting treatment do not influence the effectiveness.

Patient 3. A 49-year-old man with psoriatic arthritis had been treated with oral cyclosporine. After hemodialysis was started for nephrosis, the treatment was switched to subcutaneous injections of secukinumab. His skin eruption and arthralgia improved without any adverse events.

Key message: Secukinumab blocks interleukin-17A and has been shown to be effective for psoriatic skin eruptions and arthralgia. The treatment protocols of usutekunumab, adalimumab, and infliximab have been established in patients with psoriasis undergoing dialysis; however, little is reported about secukinumab. Because secukinumab is metabolized by catabolism and is not removed by dialysis, dose adjustment is unnecessary. In our 3 patients, the standard amount of secukinumab was effective without any adverse











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events, including infection. Further studies on biologic treatment for dialysis patients would be useful to consider treatment selection for psoriasis.



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