



PSORIASIS

UNINTENDED PREGNANCY DURING TREATMENT WITH METHOTREXATE AND ETANERCEPT FOR PSORIASIS – CASE REPORT

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Background: Psoriasis is a chronic inflammatory dermatosis that equally affects both sexes, being frequent in fertile women. Therefore, it is important to consider a gestation in the course of its management. The safety of drugs during pregnancy is difficult to assess, so case reports may be useful in decision-making. Topical corticosteroids/calcipotriol, and UVB phototherapy are well established during pregnancy. Methotrexate and retinoids are knowingly teratogenic. Nonetheless, some contraindicated medications are used during unintended pregnancies due to contraceptive method fail. The management of severe psoriasis during pregnancy can be challenging.

Observation: A 22 year old female chronic plaque psoriasis patient was under etanercept associated with methotrexate (15mg per week), with good disease control. A pregnancy was then detected in the 8th week, when treatment was switched to topical. At the 13th week, she presented a generalized pustulous psoriasis. Systemic corticosteroids were prescribed, with a clinical recovery. The baby was born with 36 weeks of gestation, without any complications. Afterwards, ustekinumab was prescribed with a response PASI 100. The child is 3 years old, and has a normal development.

Key message: The effect of pregnancy in psoriasis is unpredictable, with improvement or relapse being possible. Methotrexate is teratogenic, especially in doses superior to 10mg per week, in the first 8 weeks of pregnancy. TNF- α inhibitors, cyclosporine or systemic corticosteroids can be considered in pregnancy, but the potential risk of harmful effects should be contemplated. Etanercept and certolizumab have shown to be less transported through the placenta. It is recommended to discontinue their use in the 30th week of pregnancy, considering their persistency in the newborn.

In conclusion, complete discontinuation of systemic agents in pregnancy should always be weighted against the chance of relapse of severe psoriasis. The worsening of the disease can be equally detrimental for the gestation.

