INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

SUPERFICIAL FUNGAL INFECTIONS DURING TREATMENT WITH IL-17 INHIBITORS

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The IL-17/23 axis appears play a critical role in the pathogenesis of psoriasis, a chronic immune-mediated inflammatory skin disease. Evidence for its role in psoriasis is demonstrated by the efficacy of monoclonal antibodies against IL-17A, such as secukinumab and ixekizumab, or the anti-IL-17 receptor brodalumab. IL-17A also plays a protective role against infections by fungi, such as Candida albicans, through upregulation of proinflammatory cytokines and antimicrobial peptides. Chronic mucocutaneous candidiasis occurs in patients with genetic defects in IL-17 signaling. Furthermore, inhibition of IL-17 immunity through the use IL-17A or IL-17 receptor antibodies during psoriasis treatment can induce Candida infections. Although the safety profile of IL-17 inhibitors is similar to other biologics, patients undergoing psoriasis treatment should be carefully monitored for fungal infections.