PSORIASIS

A CASE REPORT OF SEVERE RECALCITRANT PSORIASIS TREATED WITH ITOLIZUMAB: A NOVEL ANTI-CD6 MONOCLONAL ANTIBODY

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Background: Cyclosporine, infliximab, ustekinumab, methotrexate and acitretin are agents usually recommended as first line therapy for severe psoriasis. The potential therapeutic role of CD6 inhibitors appears promising based on the recent evidence of the vital role of CD6 in the pathogenesis of psoriasis. Itolizumab, a humanized anti-CD6 monoclonal antibody, inhibits T-cell proliferation, downregulates the phosphorylation of intracellular proteins and reduces the production of interferon-γ, IL-6 and tumour necrosis factor (TNF)-α without significantly depleting the lymphocyte count thus having the least rate of infection in phase III trials vis-a-vis that of other biologics.

Observation: We report a 22 year male, known case of severe recalcitrant unstable psoriasis since six years; psoriasis area severity index (PASI) score, 33.5; physician global assessment score, 5; nail psoriasis severity index score, 16 and dermatologic life quality index score, 18. Patient was salvaged from incipient erythroderma with cyclosporine (200mg) for two weeks along with an infusion of itolizumab, 75 mg (1.6 mg/kg in 250 ml of normal saline over 3 hours) fortnightly without any premedication. The PASI score dropped to 12.1 after 6 weeks and to 1.4 at the end of the induction phase after 12 weeks. Only a few residual plaques persisted around his ankles at the end of 12 weeks. Follow up after 15 months revealed that the PASI score had risen to 4, with some fresh papulo-plaques developing on the scalp in addition to the persistent lesions around the ankles.

Key Message: Use of itolizumab may provide longer remission and increased safety in patients with severe or erythrodermic psoriasis. However, better evidence generated by larger randomized controlled studies is required to corroborate our results and to standardize the relevant guidelines.