

PSORIASIS

DISCONTINUATION OF ANTI-TNF THERAPY IN PATIENTS WITH PSA. PRELIMINARY DATA FROM A CLINICAL AND ULTRASONOGRAPHIC STUDY.

Dario Graceffa⁽¹⁾ - Catia De Felice⁽¹⁾ - Viviana Lora⁽¹⁾ - Fulvia Elia⁽²⁾ - Francesco Maria Solivetti⁽²⁾ - Aldo Morrone⁽¹⁾ - Claudio Bonifati⁽¹⁾

San Gallicano Dermatologic Institute, Irccs, Rome, Italy, Center For The Study And Treatment Of Psoriasis, Department Of Clinical Dermatology, San Gallicano Dermatologic Institute, Irccs, Rome, Italy, Rome, Italy⁽¹⁾ - San Gallicano Dermatologic Institute, Irccs, Rome, Italy, Department Of Radiology, Rome, Italy⁽²⁾

Introduction: TNF inhibitors have been largely demonstrated to be effective and reasonably safe for the treatment of PsA. Current EULAR guidelines recommend the use of an anti-TNF as first choice treatment in patients with PsA for whom a synthetic DMARD (usually methotrexate or leflunomide) is not efficacious or not well tolerated. However, there remains very lit¬tle research regarding anti-TNF discontinuation in patients who achieved a complete remission.

Objective: the primary aim of this study was to measure the disease-free interval after anti-TNF discontinuation, secondary it was investigated whether the use of Power Doppler Ultrasound (PDUS) and Contrast Enhanced Ultrasound (CEUS) could improve the diagnostic accuracy in the recognition of the relapse. Finally, we wanted to characterize the clinical features of the disease recurrence.

Materials and Methods: from June 2018, ten patients with PsA (9 males and 1 female) in stable remission (no signs of arthritis) treated with anti-TNF, were prospectively monitored after treatment discontinuation. Participants underwent, at baseline and every 8-12 weeks, a complete rheumatological examination, PDUS of the involved joints and entheses, CEUS of a selected joint and laboratory inflammation tests.

Results: Four of the 10 patients enrolled, experienced a disease recurrence with an average disease-free interval of 22.1 + 9.7 weeks. Two patients reported only axial inflammatory symptoms and the other 2 patients had both axial and peripheral joints involvement (average DAPSA score of 25.6 + 6.1; average BASDAI score of 4.7 + 1.6). In all cases the disease flare was moderate and all patients promptly regained remission after restarting the treatment. Both PDUS and CEUS were safe and reliable with a similar diagnostic accuracy.





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Conclusions: The rate of disease relapse of PsA after anti-TNF discontinuation is relevant. However the disease-free interval was not short. Retreatment with the same anti-TNF was effective and safe.



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