PSORIASIS

IXEKIZUMAB FOR THE TREATMENT OF MODERATE TO SEVERE PSORIASIS IN PATIENTS WITH COMORBIDITIES AND/OR PREVIOUS FAILURE OF CONVENTIONAL AND BIOLOGIC THERAPIES: AN ITALIAN REAL-LIFE EXPERIENCE

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Introduction: Ixekizumab is a humanized monoclonal antibody that targets IL-17A, a crucial cytokine that mediates the immunopathogenesis of psoriasis. Data concerning the efficacy and safety of ixekizumab are limited to phase III trials.

Objectives: The aim of this report is to provide our real-life experience in the treatment of psoriasis out-patients with difficult-to-treat areas involved, with comorbidities and previous conventional or biologic failures.

Materials And Methods: Eighteen patients (11 males, 7 females; mean age 48.5 years; range 22-74 years; mean psoriasis duration 21 years) affected by moderate-to-severe plaque psoriasis eligible for systemic therapy were treated with ixekizumab and clinically evaluated after 12 and 15 weeks. Most patients had notable difficult-to-treat body areas including scalp, nails, genitals and hands. Among the psoriasis patients treated seventeen had comorbidities (9/18 patients had more than 4 comorbidities) such as psoriatic arthritis, obesity, hypertension, cardiopathy, metabolic syndrome, HIV, liver transplant, chronic renal insufficiency, vascular disorder, fibromyalgia, mental disorders, pemphigus.

Results: Fifteen patients are currently receiving ixekizumab monthly showing a significant clinical improvement. After 12 weeks of therapy, 13/18 reached PASI100, 1/18 is a drop-out for lack of compliance and 2/18 did not reach PASI50 (these patients were multi-failure for anti-TNFalfa biologics and anti-IL17/IL-23 biologics). Patients receiving ixekizumab also reported improvements in health-related quality of life, nail involvement and itching (78% of patients with itching had a complete remission of the symptom already after 12 weeks).

Conclusions: Overall in real-life practice, ixekizumab demonstrated to be an effective and

well tolerated therapeutic option for patients affected by moderate-to-severe plaque psoriasis with comorbidities and previous therapeutic failures, which is in accordance with the results of clinical trials although further larger observational studies are needed.