ADALIMUMAB IN PALMOPLANTAR PUSTULOSIS

Background and importance Palmoplantar pustulosis (PPP) is a chronic disorder marked by the appearance of recurrent eruptions of fluid filled pustules or blisters on the hands and feet. Its aetiology is unknown and its relationship with psoriasis continues to be controversial. No standardised guidelines are available for treatment. Firstline therapeutic options for PPP include topical corticosteroids, an oral retinoid and photochemotherapy. Patients who do not respond sufficiently to first-line treatment may benefit from combination therapy with an oral retinoid and PUVA or from immunosuppressive therapy. In severe recalcitrant disease, there is some evidence that biological treatments, psoriasis area severity index (PASI) and dermatology life quality index (DLQI), initial and late, and also increases in dosage. Efficacy was assessed by the per cent reduction in PASI and the DLQI score. The data were obtained from the dispensing registry of outpatients and the medical history.

Results Forty-four patients were included, 48% were men. The initial average value for PASI was 6.36 (SD 3.43) and for DLQI 8.43 (SD 5.81). Secukinumab was the firstline biological treatment in 88.64% of cases, secondline in 45.45% and thirdline in 4.54%. In 86.36% of patients, treatment started with the reduced 150 mg monthly schedule and in 11.36% treatment started with the 300 mg monthly schedule: 26.4% (6 patients) of patients required a dose increase to 300 mg per month. The percentage of patients with reduced PASI was 16.67%, 9.52% and 45.24% for PASI 75/90/100, respectively: 43.9% obtained a DLQI after the start of treatment of 0–16.67%, 9.52% and 45.24% for PASI 75/90/100, respectively: 43.9% obtained a DLQI after the start of treatment of 0–1.

Conclusion and relevance The reduced secukinumab regimen of 150 mg monthly both in patients who used it as firstline biological treatment or after failure with previous treatments, proved to be an effective alternative for moderate–severe psoriasis but long term studies are needed to confirm the effectiveness of dose reduction.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

EFFICACY OF SECUKINUMAB IN MODERATE–SEVERE PSORIASIS WITH A REDUCED TREATMENT REGIMEN

Background and importance Secukinumab, an anti-interleukin 17 (anti-IL-17) drug, has proved to be effective in the treatment of psoriasis at its recommended dose of 300 mg at weeks 0, 1, 2, 3 and 4, and then monthly during the maintenance phase, according to the data sheet.

Aim and objectives To evaluate the efficacy of a reduced monthly dose of 150 mg in patients with moderate–severe psoriasis.

Material and methods A retrospective observational study was conducted including patients treated with secukinumab until March 2019. The variables recorded were sex, previous biological treatments, psoriasis area severity index (PASI) and dermatology life quality index (DLQI), initial and late, and also increases in dosage. Efficacy was assessed by the per cent reduction in PASI and the DLQI score. The data were obtained from the dispensing registry of outpatients and the medical history.

Results Forty-four patients were included, 48% were men. The initial average value for PASI was 6.36 (SD 3.43) and for DLQI 8.43 (SD 5.81). Secukinumab was the firstline biological treatment in 88.64% of cases, secondline in 45.45% and thirdline in 4.54%. In 86.36% of patients, treatment started with the reduced 150 mg monthly schedule and in 11.36% treatment started with the 300 mg monthly schedule: 26.4% (6 patients) of patients required a dose increase to 300 mg per month. The percentage of patients with reduced PASI was 16.67%, 9.52% and 45.24% for PASI 75/90/100, respectively: 43.9% obtained a DLQI after the start of treatment of 0–1.

Conclusion and relevance The reduced secukinumab regimen of 150 mg monthly both in patients who used it as firstline biological treatment or after failure with previous treatments, proved to be an effective alternative for moderate–severe psoriasis but long term studies are needed to confirm the effectiveness of dose reduction.

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No conflict of interest.