Background and importance There are currently two drugs with the same mechanism of action, inhibitors of interleukin 17 (anti-IL-17), for the treatment of moderate-severe psoriasis. 

Aim and objectives To evaluate the efficacy of secukinumab and ixekizumab in terms of psoriasis area severity index (PASI) and dermatology life quality index (DLQI) in the treatment of moderate-severe psoriasis.

Material and methods A retrospective observational study was conducted in patients treated with secukinumab and ixekizumab from February 2016 to October 2019. The variables collected were sex, diagnosis and previous biological treatment. The variation in PASI and DLQI were studied as the main efficacy variables. Data were obtained from the record of outpatients and the electronic medical history.

Results Eighty-four patients were included, 44% were men. In 50% of cases the anti-IL-17 drug was used as the firstline biological treatment, in 27% as the secondline, in 6% as the thirdline and in 7% as the fourthline or successive treatment. The baseline average PASI was 6.87 (SD=3.5) and the average DLQI was 7.07 (SD=3.73). Twenty-one patients could not be evaluated due to lack of data recorded after the start of the anti-IL-17 drug. The percentage of patients with a reduced PASI was 9.52%, 19.05% and 44.44% for PASI 75/90/100, respectively: 63.16% obtained a DLQI after the start of treatment of 0–1.

Conclusion and relevance Secukinumab and ixekizumab demonstrated effectiveness, representing a good therapeutic option for moderate to severe plaque psoriasis, including in both naive and patients refractory to other biological treatments. It is necessary to continue monitoring these patients to study the long term results.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.
The acquisition of resistance by bacteria has meant that new antimicrobials appear. Ceftazidime–avibactam is a restricted antibiotic that is used in multidrug resistant infections as it significantly reduced CRP, a marker used to monitor infections.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

Background and importance

Tazobactam/piperacillin (TAZ/PIPC), indicated for pneumonia and intra-abdominal abscess in Japan, is recommended as a single drug therapy, together with carbapenems, in the guidelines for intra-abdominal infection published by the American College of Surgeons and Surgical Infection Society in 2010 in the USA. There are no reports of leucopenia after treatment with this drug in Japan.

Aim and objectives

We observed the case of a postpartum woman who had leucopenia caused by TAZ/PIPC used for intra-abdominal infection. We have reported an improvement in symptoms owing to intervention by the hospital pharmacist.

Material and methods

In our hospital, pharmacists are stationed in the maternity ward and share patient information at conferences held in other occupations once a week. A woman had continuous bleeding due to placental abruption after a normal delivery and underwent a total hysterectomy. A reduced white blood cell count persisted following the start of therapy, with leucopenia reported (1.45×10^9/L) on day 22. As leucopenia was considered to be caused by TAZ/PIPC, we proposed discontinuation of the drug and the use of meropenem as an alternative. Leucopenia and intra-abdominal infection improved after switching to meropenem. On day 30, meropenem therapy was completed.

Results

This patient had leucopenia on day 14 of treatment with TAZ/PIPC and her white blood cell count increased after drug discontinuation. We considered this event an adverse drug reaction caused by TAZ/PIPC, based on a previous report in which patients develop leucopenia, on average, on day 15 of TAZ/PIPC treatment. As the patient was in the postpartum period, we proposed meropenem as an alternative to allow the patient to continue to breast feed, because a lower proportion of this drug is transferred to breast milk.

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