underwent surgery twice for wound debridement and samples were taken.

After 6 days of empirical treatment, microbiological culture of exudate revealed *Streptococcus pyogenes*, and directed antibiotic therapy with penicillin and clindamycin was given. Skin lesions improved progressively with the treatment and lymphocyte count was $1.12 \times 10^3/\mu\text{L}$. However, he had to undergo plastic surgery for loss of granulated substance in the affected tissue. Clindamycin was suspended after 7 days and penicillin G after 14 days of treatment. One month later, a significant improvement in cutaneous injuries caused by baricitinib was observed, although he continued to need daily cures for sequels.

**Conclusion and relevance** This adverse reaction was reported to the pharmacovigilance centre and caused baricitinib discontinuation.

Immunosuppression caused by baricitinib and probable subsequent infections should be taken into account when starting this treatment in susceptible patients.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

No conflict of interest.

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**PSQ-065 PREDICTION OF TOXICITY OF METHOTREXATE BY MEANS OF GENETIC TESTS IN PATIENTS DIAGNOSED WITH MODERATE–SEVERE PSORIASIS**

C Membrive*, C Perez Ramirez, N Marquez Pete, Maldonado Montoro, Arias Santiago, JMenez Morales, RM Ramírez Tortosa. Pharmacogenetics Unit Pharmacy Service, University Hospital Virgen De Las Nieves, Granada, Spain; Pharmacogenetics Unit Pharmacy Service, University Hospital Virgen Macarena, Sevilla, Spain; Clinical Analysis Services, University Hospital San Cecilio, Granada, Spain; Dermatology Service, University Hospital Virgen De Las Nieves, Granada, Spain; Pharmacy Service, University Hospital Virgen De Las Nieves, Granada, Spain; Biochemistry Department, University of Granada, Granada, Spain

**Background and importance** Methotrexate is the standard treatment for moderate–severe psoriasis. However, it is a very aggressive treatment which has a high percentage of severe adverse events, such as asthenia, gastrointestinal toxicity, haematological toxicity and nephrotoxicity. This toxicity profile varies from person to person. Various studies have reported that these interindividual differences may be due to genetic factors, such as single nucleotide polymorphisms (SNPs), which are involved in methotrexate pharmacodynamics, metabolism and mechanism of action.

**Aim and objectives** To determine the utility of ABCB1 C3435T and MTHFR 1298 as prognostic and predictive markers in patients diagnosed with moderate–severe psoriasis who had been treated with methotrexate, and to evaluate the toxicity of methotrexate treatment.

**Material and methods** A prospective cohort study was performed. Data and DNA were obtained from saliva samples of 64 patients residing in the province of Granada with moderate–severe psoriasis who had been treated with methotrexate. The genotypes were determined by Taqman PCR real time.

**Results** Mean age of the patients was 46±14 years; 33 men (33/64); 57 had psoriasis plaque (57/64), 56 located in the trunk and extremities and 30 in the scalp and face, 17 had psoriatic arthritis (29/64), 7 with diabetes mellitus (7/64), there were 19 smokers (19/64), 16 occasional drinkers (16/64) and 30 had a family history of psoriasis (30/64). Twenty-eight patients were treated with oral administration of methotrexate (28/64) and 44 for <12 months (44/64). Thirty patients were high responders (30/64), 34 presented with gastrointestinal toxicity (34/64), 25 hepatic toxicity (25/64) and 12 skin toxicity (12/64).