

ADALIMUMAB IN PALMOPLANTAR PUSTULOSIS

S. CORTES DE MIGUEL¹, S. BELDA-RUSTARAZO², C. GARCÍA-FERNÁNDEZ², C.M. VALENCIA-SOTO³, S. PORTILLO-HARO².

¹HOSPITAL LA INMACULADA- ÁREA DE GESTIÓN SANITARIA NORTE DE ALMERÍA, PHARMACY, HUÉRCAL-OVERA, SPAIN.

²HOSPITAL UNIVERSITARIO CLÍNICO SAN CECILIO, PHARMACY, GRANADA, SPAIN.

³HOSPITAL UNIVERSITARIO MARQUÉS DE VALDECILLA, PHARMACY, SANTANDER, SPAIN.



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 etiology is unknown and its relationship with psoriasis continues to be controversial.
- ❖ No standardized guidelines are available for treatment. First-line therapeutic options for palmoplantar pustulosis 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 biologic anti-tumor necrosis factor drugs can be effective for treating PPP, but this evidence is based in open-label trials and non-randomized studies and, therefore, the actual efficacy is unknown.

AIM AND OBJETIVES

Our aim was to review the safety and efficacy of biologic medication adalimumab in the treatment of PPP in a patient without response to specific treatments.

MATERIAL AND METHODS

- ❖ An observational retrospective study has been conducted on a 69-year-old woman presented with a 9-year history of recurrent and painful eruptions of pustules on her palms and the soles of her feet.
- ❖ Prior treatment with triamcinolone cream, oral methotrexate and oral acitretin had not improved her skin lesions.
- ❖ She started adalimumab 40 mg per week x 2 doses, followed by 40 mg every other week in our hospital during 15 months (2017-2018).
- ❖ Valuable data was collected from the review of medical histories and dispensation registers. Clinical features were assessed using scales which measured the number of lesions and the state of the disease.

RESULTS

The patient improved her symptoms after the initial dose, decreasing the size and number of lesions,

Three occasional exacerbation resolved without increasing dose of adalimumab with support of topical calcipotriol/ betamethasone and tazarotene,

None serious adverse events were reported.

CONCLUSION AND RELEVANCES

- ❖ In our case, treatment with adalimumab is being safe and effective.
- ❖ Adalimumab could be an useful alternative in the treatment of severe recalcitrant disease or when there are contraindications to traditional systemic agents such as pregnancy, a history of liver/kidney disease or uncontrolled hypertension.
- ❖ In order to assess the efficacy and safety of the biologic medications, larger controlled studies are needed.