ANALYSIS OF PARADOXICAL PSORIASIS ASSOCIATED WITH ANTI-TNF TREATMENT

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Background and Importance
Paradoxical psoriasis (PP) represents a peculiar type of skin condition that may occur during treatment with tumor necrosis factor-alpha inhibitors (anti-TNF).

Aim and objectives
To estimate the incidence of PP associated with anti-TNF treatment and analyse clinical management.

Material and methods
Observational retrospective study

Patients under treatment anti-TNF (infliximab, adalimumab and etanercept) developed PP (cases confirmed by punch biopsies).

VARIABLES
1. Demographic variables: sex, age
2. type of disease,
3. type of anti-TNF,
4. time from onset of anti-TNF to development PP (TPP),
5. type of PP,
6. clinical management
7. time to resolution since therapy change (TR)

Results
• 218 patients: 97 patients under treatment with adalimumab, 83 with infliximab and 38 with etanercept.
• 5 patients developed PP

VARIABLES IN PP GROUP
1. Demographic variables: 44.8±10.7 years, 60% women.
2. type of disease:
   - 4 inflammatory bowel disease
   - 1 rheumatoid arthritis
3. type of anti-TNF:
   - 1% with adalimumab (n=1)
   - 2.6% etanercept (n=1)
   - 3.6% infliximab (n=3)
4. Median TPP (range): 140 days (63-908)
5. Type of PP: 5 patients developed de novo PP
   - 60% inverse psoriasis
   - 40% palmoplantar pustular psoriasis.
6. Median TR: 72.5(63-133) days.

CLINICAL MANAGEMENT
✓ 2 patients continued with the same anti-TNF agent associated with immunosuppressive drugs for psoriasis:
   – 1 patient with topical corticosteroids → NO resolution of PP
   – 1 patient with methotrexate → resolution of PP
✓ 3 patients discontinued anti-TNF:
   – 2 patients were re-treated with a second anti-TNF agent → resolution of PP
✓ 1 patient switched therapy to ustekinumab → resolution of PP.

Conclusion and relevance
Paradoxical psoriasis induced by anti-TNF has been observed to be a class-effect. There was no consensus on the best therapy between change therapeutic target, retreat with a second anti-TNF and even associating an immunosuppressive drug. We recommend discussing treatment options case-by-case and incorporating multidisciplinary care physicians.