Ustekinumab-induced remission of recalcitrant guttate psoriasis: A case series

Grace C. Brummer, BS,[a] Jason E. Hawkes, MD,[a,b] and Kristina Callis Duffin, MD, MS[a]
Salt Lake City, Utah and New York, New York

Key words: guttate psoriasis; *HLA-C*06:02*; psoriasis; ustekinumab.

INTRODUCTION

Guttate psoriasis is an acute, eruptive form of psoriasis characterized by small, scaly papules and plaques. The exact immunopathogenesis of guttate psoriasis is unclear. However, this subtype of psoriasis shares several features with plaque psoriasis, including an association with group A streptococcal infections and the human leukocyte antigen (HLA)-*C*06:02* allele.[1,2] Although most cases of guttate psoriasis are self-limiting,[3] more severe cases require treatment with topical steroids, phototherapy, or immunosuppressive medications. The use of biologic medications for the treatment of recalcitrant guttate psoriasis has not been systematically studied.

The US Food and Drug Administration has approved ustekinumab, a monoclonal antibody against the shared p40 subunit of interleukin (IL)-12 and IL-23, for the treatment of moderate-to-severe psoriasis, psoriatic arthritis, and Crohn's disease. Its role in the treatment of guttate psoriasis has not been studied. Here we present a series of 6 patients (Table I) with recalcitrant guttate psoriasis who were treated successfully with ustekinumab, suggesting a potential role for this medication in the treatment of this psoriasis subtype.

Abbreviations used:

BSA:	body surface area
HLA:	human leukocyte antigen
IL:	interleukin
PGA:	physician global assessment
Th:	T helper

CASE PRESENTATIONS

Patient 1 is a 38-year-old man who with guttate psoriasis that coincided with recurrent streptococcal pharyngitis. Physical examination found scattered, erythematous papules and plaques with scale involving the head, trunk, and extremities. His total body surface area (BSA) involvement was 20% with an overall Physician Global Assessment (PGA) score of 3. He did not respond to treatment with topical steroids (1 year), oral prednisone (1 week), and cyclosporine (3 mg/kg/d for 2 months). He received a single 90-mg injection of ustekinumab and reported complete clearing of all lesions in less than 4 weeks. He has remained clear for more than 16 months without the need for additional injections.

Patient 2 is a 25-year-old woman with guttate psoriasis that developed after suffering a broken leg. She subsequently experienced recurrent episodes of streptococcal pharyngitis with associated flares of her psoriasis. Skin examination found scattered papules and plaques with scale involving the head and extremities. Her BSA involvement was 5% with an overall PGA score of 2. She did not respond to treatment with multiple courses of oral antibiotics over 2 years, narrowband ultraviolet-B therapy (twice weekly for 2 years), or topical steroids (>2 years). She was treated with ustekinumab, 90-mg injections, at weeks 0 and 8. She noticed improvement shortly after her first injection and was

From the Department of Dermatology, University of Utah School of Medicine[a] and The Rockefeller University, Laboratory for Investigative Dermatology.[b]

Funding sources: None.

Conflicts of interest: Dr Duffin has received grants, salary, and/or honoraria as an investigator, advisor, or consultant for Amgen, AbbVie, Bristol-Myers Squibb, Celgene, Eli Lilly, Janssen, Novartis, Pfizer, Regeneron, and Stiefel. The rest of the authors have no conflicts to declare.

Correspondence to: Kristina Callis Duffin, MD, MS, Associate Professor, Department of Dermatology, University of Utah School of Medicine, 30 N. 1900 E. 4A330, Salt Lake City, UT 84132. E-mail: Kristina.duffin@hsc.utah.edu.

JAAD Case Reports 2017;3:432-5.

2352-5126

© 2017 by the American Academy of Dermatology, Inc. Published by Elsevier, Inc. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

http://dx.doi.org/10.1016/j.jdcr.2017.06.015

Table I. Patient demographics and clinical features

Patient no.	Sex	Age (y)	Guttate psoriasis duration before ustekinumab (mo)	Distribution of lesions	Prior treatments	Ustekinumab dosage (schedule)	Serious adverse effects	No. of injections until clear	Total no. of injections	Length of remission (mo)
1	Male	38	12	Scalp, upper/lower extremities, and trunk	Clobetasol, oral prednisone, cyclosporine	90 mg once	None	1	1	16
2	Female	25	36	Trunk, upper/lower extremities, face, and scalp	Clobetasol, phototherapy	90 mg (weeks 0 and 8), then 45 mg (weeks 23, 35, and 58)	None	2	5	9
3	Male	29	3	Trunk, upper/lower extremities, face, and buttocks	Clobetasol, oral prednisone, cyclosporine	45 mg (weeks 0, 8, 18, and 30)	None	3	4	20
4	Male	26	4	Scalp, axillae, neck, chest, extremities, abdomen, and buttocks	Clobetasol, pimecrolimus cyclosporine	90 mg (weeks 0, 4, then every 8 weeks)	None	2	18	24
5	Female	42	36	Trunk, extremities, and scalp	Phototherapy, cyclosporine	45 mg (weeks 0 and 4)	None	2	2	3
6	Female	35	3	Trunk and extremities	Clobetasol, cyclosporine, apremilast	90 mg (weeks 0 and 4)	None	2	2	7

almost clear at 8 weeks. She was completely clear within 6 months of the first injection and remained clear with 3 additional injections of 45 mg at weeks 23, 35, and 58. She has not required additional injections of ustekinumab and remains clear with only occasional use of topical steroids.

Patient 3 is a 29-year-old man with guttate psoriasis that developed after streptococcal pharyngitis. On examination, the patient had enlarged, erythematous tonsils bilaterally and small erythematous papules coalescing into plaques on his face, trunk, buttocks, and extremities. He did not respond to treatment with topical steroids, oral prednisone, and cyclosporine (5 mg/kg/d for 2 months). He received ustekinumab, 45 mg injections, at weeks 0, 6, 18, and 30. He had complete clearance at the time of his fourth injection and remained clear for more than 20 months until he had another guttate flare after an episode of pharyngitis. He received 2 additional 45-mg injections 4 weeks apart noting significant improvement after a single injection.

Patient 4 is a 26-year-old man on certolizumab pegol for Crohn's disease who had guttate psoriasis after streptococcal pharyngitis. Skin examination found small, erythematous papules and plaques on the trunk, buttocks, and extremities. His BSA involvement was 5% with an overall PGA of 2. He did not respond to treatment with topical steroids, topical pimecrolimus, and cyclosporine (5 mg/kg/d for 4 months). Certolizumab pegol was discontinued, and the patient received ustekinumab, 90-mg injections, at weeks 0 and 6 then every 8 weeks. The patient's BSA decreased from 5% to 1% after the first injection, and his skin was completely clear at the time of his third injection. He has remained clear for more than 2 years and continues receiving ustekinumab injections every 8 weeks for treatment of his Crohn's disease.

Patient 5 is a 42-year-old woman with a 3-year history of mild plaque psoriasis who had a guttate flare after streptococcal pharyngitis. She did not respond to treatment with narrowband ultraviolet B therapy and cyclosporine (4 mg/kg/d for 6 weeks). Skin examination found small erythematous papules and plaques with scale coalescing on her trunk, scalp, and extremities. Her BSA was 40% with an overall PGA of 2. The patient received ustekinumab, 45 mg, at weeks 0 and 4 and was noted to be completely clear at week 12. She maintained clearance for more than 3 months before reverting back to her baseline mild disease.

Patient 6 is a 35-year-old woman on apremilast for chronic plaque psoriasis who had a severe guttate psoriasis flare after streptococcal pharyngitis. Skin examination found well-demarcated erythematous,

Download English Version:

https://daneshyari.com/en/article/5646131

Download Persian Version:

https://daneshyari.com/article/5646131

Daneshyari.com