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Case report

Plaque psoriasis and psoriatic arthritis associated with uveitis and cystoid macular edema treated with adalimumab: A case report and literature review

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ABSTRACT

Introduction: Psoriatic patients, especially with psoriatic arthritis (PsA), are more prone to metabolic disorders and involving the eyes.
Aim: The aim of this study was to present adalimumab efficacy of several aspects of psoriasis and its comorbidities.
Case study: We present a 48-year-old male patient with severe plaque psoriasis and psoriatic arthritis who developed uveitis with cystoid macular edema in the right eye. The patient was obese although bariatric surgery 8 years earlier produced some weight loss with remission of diabetes and hypertension.
Results and discussion: The patient had been previously treated with systemic treatment with no improvement in psoriatic arthritis symptoms and skin lesions but rapidly responded to adalimumab. At week 8, the patient achieved the PASI 75, with no joint pain and normal macular architecture. At week 16, there was an incident of atrial fibrillation followed by a transient ischemic attack (TIA). The TIA subsided after intravenous fluids and antithrombotic treatment although acute urticaria developed after the first dose of acetylsalicylic acid. Adalimumab treatment was not stopped and the patient's condition continued to improve.
Conclusions: After careful consideration of the patient's underlying and comorbid conditions and previous treatment failures, adalimumab was instituted and continued since (1) its efficacy in psoriasis and psoriatic arthritis is well-documented; (2) obesity is not thought to affect its effectiveness; (3) in uveitis adalimumab acts quickly and induces

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long-term remission; (4) a significant improvement of hemostasis and fibrynolytic balance has been observed in patients on TNF-α inhibitors and adalimumab could be continued after the TIA.

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1. Introduction

Patients with psoriasis, especially when it is associated with psoriatic arthritis, need special management to prevent cardiovascular disease and other comorbidities as their increased risk for developing cardiovascular disease and other health problems is well documented.[1] Psoriasis affects not only the skin and nails, but also the mucous membranes and eyes. Ocular manifestations occur in approximately 10% of psoriasis patients and are more common in men than in women.[2]

We present a case of an obese male patient with psoriasis, psoriatic arthritis and uveitis associated with cystoid macular edema whose management required a multi-specialty approach.

2. Aim

The aim of this study was to present adalimumab efficacy of several aspects of psoriasis and its comorbidities.

3. Case study

A 48-year-old man was admitted to the Department of Dermatology, Sexually Transmitted Diseases and Clinical Immunology, Municipal Hospital in Olsztyn with a 16-year history of severe plaque psoriasis associated with psoriatic arthritis for 3 years. Until the present admission the patient had been treated for 30 months with methotrexate 20 mg weekly with folic acid supplementation and leflunomide for 6 months with some improvement of the pain in his knee and elbow joints. In the past he had several other treatments for psoriasis (PUVA, cyclosporine) but failed to achieve complete remission of psoriatic skin lesions (Fig. 1).

On admission the patient complained of pain in the wrists and small joints of both hands. The physical examination revealed decreased active and normal passive range of motion in the wrist joints, swelling and bony enlargement of the distal interphalangeal joint in the middle finger of the right hand and mild tenderness of the Achilles tendon insertion in the right foot. Radiographic examination of the joints showed numerous geodes in the metacarpophalangeal joints, but no erosions, bone proliferation or changes in the foot and sacroiliac joints. Sonography showed mild effusion in the second metacarpophalangeal joint of the right hand with features of inflammatory swelling of the synovium (grade II). There was some calcification of the right Achilles tendon insertion possibly due to inflammation in the past, but no features of active inflammation. The clinical picture was consistent with psoriatic arthritis involving the peripheral joints. The HLA-B27 test was negative.

Additionally, for about a year the patient had observed redness of the right eye with periodic exacerbations and gradual deterioration of vision (Fig. 2). An ophthalmological examination found the best corrected visual acuity (BCVA) in

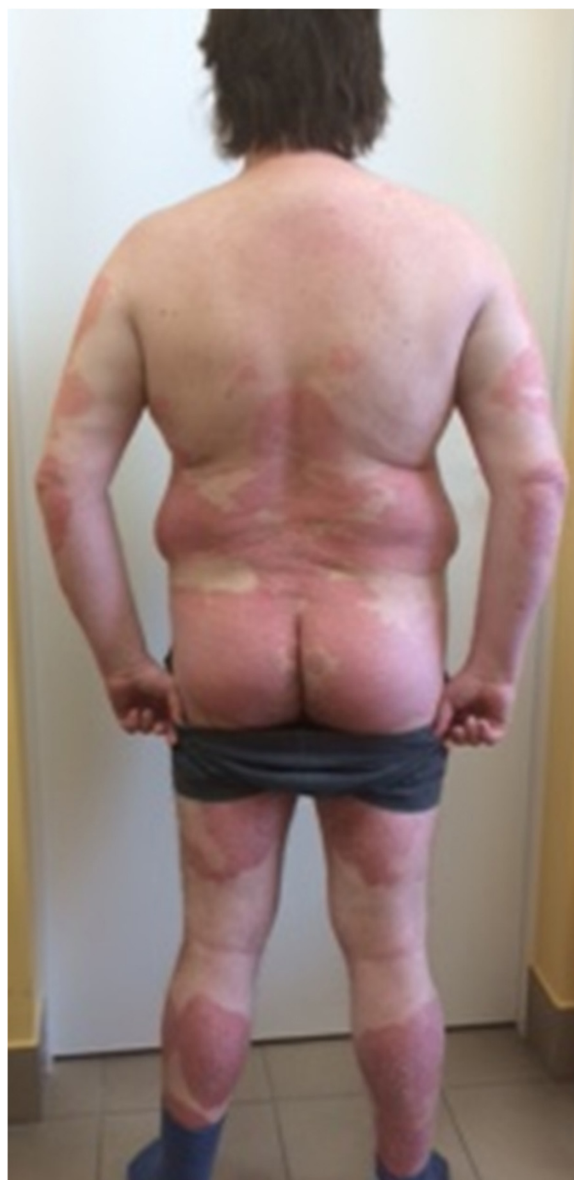

Fig. 1 – Patient's psoriatic lesions.

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