Case Report

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Treatment of Erythrodermic Psoriasis with Infliximab and Etanercept in Two Cases

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Background

Classical treatment options for Erythrodermic Psoriasis (EP) are limited and occasionally associated with toxicity. The safety and efficacy of biological therapies have been demonstrated in psoriatic arthritis and moderate to severe plaque psoriasis. We report the efficacy of etanercept and infliximab in EP in two cases.

Observations

Case 1: A male patient 30 years old, has psoriasis since he has 17 years old. He received phototérapy, retinoid and ciclosporin without improvement. Methotrexate causes an improvement but stopped it because of a digestive intolerance.

In the last two months, he has a dry desquamative EP (PASI: 32.8) with arthritis of both ankles. Laboratory test before biologic treatment were normal. He received subcutaneous injection of etanercept 50mg × 2 / week. At week 12, a clinical improvement in the patient condition was observed. Erythematic, scaling and itching showed a rapid response, with significantly reducing the PASI score to 7 (Figure 1).

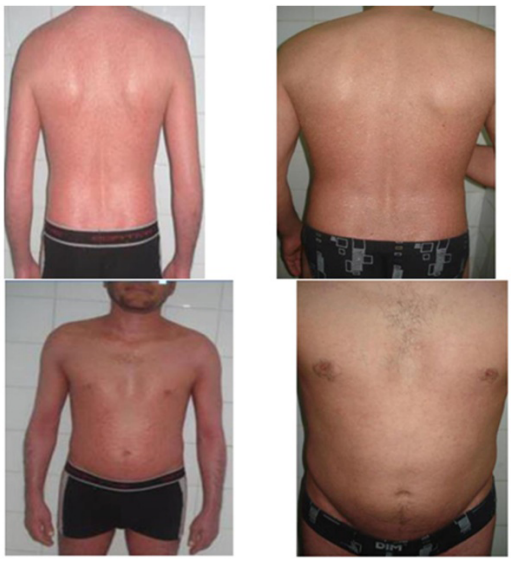

Figure 1: (Frontal picture) and (Back picture).
Case 1: Before (right) and after (left) 12 weeks of « etanercept » treatment.
Case 2: Before (right) and after (left) 12 weeks of « etanercept » treatment.

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Case 2: A male patient 45 years old, with a history of colitis ulcerosa, an idiopathic thrombocytopenic purpura, and a primary sclerosing cholangitis. He has psoriasis since he was 26 years old. He received methotrexate, retinoid, and phototherapy without improvement. In the last 4 months, he developed a dry desquamative EP (PASI:37) with arthritis of both knees. Laboratory test before biologic treatment were normal except for thrombocytopenia: 109,000 / mm3. He received intravenous infusion of infliximab at a dose of 5mg / kg. At the third infusion, a significant improvement of EP was noted (PASI: 4,8) with a remission of arthritis (Figure 2).

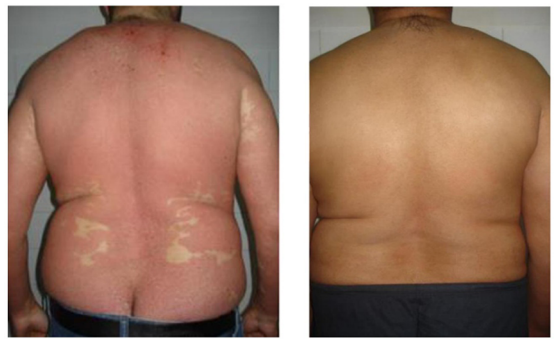

Figure 2: Case 2: Before (right) and after (left) 6 weeks of « infliximab » treatment.

In both cases, standard laboratory tests, including hematological evaluations, serum biochemistry and urinalysis profiles, were performed every 4 weeks. No adverse effects were observed during treatment. In particular, no cases of injection site reaction, severe respiratory infection or drug related laboratory abnormalities occurred. Patients are continuing treatment.

Discussion

EP is a severe and disabling variant of psoriasis. The management of EP can be unsatisfactory with older conventional therapies, such as UVB-NB, ciclosporin, methotrexate and retinoid.

Etanercept and infliximab have been approved for the control of psoriatic arthritis and moderate to severe plaque psoriasis but not for EP. A case series of ten patients demonstrates that etanercept is a highly effective treatment for EP, that provides rapid and significant clinical response associated with an excellent safety profile [1]. Infliximab is the most frequently used biological agent in the treatment of EP, with a total of 53 cases reported [2]. However, it appears critical to address the respective tolerance profiles and the risk/benefit ratio of different biologic treatments in patients with EP. A severe hypoglycemia after initiation of anti tumor necrosis factor therapy with etanercept was reported in a patient with generalized pustular psoriasis and type 2 diabetes mellitus [3]. A multicentre national retrospective study was performed using the French Psoriasis Group network [4]. Patients showing psoriasis involving at least 90% of body surface area (BSA), and in whom severity of the disease had been evaluated before and after 3 and/or 6 months of treatment with biologics, were enrolled in the study. 28 patients were included, representing 42 flares of erythrodermic psoriasis treated with infliximab (n = 24), adalimumab (n = 7), etanercept (n = 6), ustekinumab (n = 3) or efalizumab (n = 2). A 75% improvement of BSA or PASI 12-14 weeks after treatment onset was reached in 48% of flares treated with infliximab, in 50% of those treated with adalimumab and in 40% of those treated with etanercept. Twelve serious adverse events, consisting of bacterial infection in seven of them, were observed. Biological treatment was discontinued for safety concern in 19% of cases. A given biologic was administered for up to 48 weeks in 34% of flares. So biologics show overall good short term efficacy, but treatment switch due to lack of efficacy or side effects was frequently observed on a longer term.

As skin inflammation is the predominant feature in EP, a rapid systemic release of TNF-α may be responsible for the disease onset and severity. Consequently, the administration of TNF-α blocking agent, leading to a rapid neutralization of this cytokine, could explain their significant and rapid effect in our cases.

Conclusion

In our two cases, the rapidity of clearance and the excellent safety profile suggest a role of etanercept and infliximab in the management of EP that is unresponsive to conventional treatment. These results should be confirmed by more studies.

References

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