Psoriasis induced by anti-tumour necrosis factor therapy in patients with inflammatory bowel disease

Dear Sir,

Anti-tumour necrosis factor (anti-TNF) agents used in inflammatory bowel disease (IBD) are also indicated in some patients with psoriasis. However, 222 cases of anti-TNF-induced psoriasis in IBD patients have been reported to date which sets up a paradoxical side effect of this pharmacological class.

We performed a retrospective analysis of IBD patients attending our clinics that developed psoriasis during treatment with anti-TNF. We have analysed the following features: 1) type of IBD; 2) concomitant treatment with other immunosuppressive agents; 3) type of anti-TNF; 4) period from anti-TNF institution until development of psoriasis; 5) location of skin lesions; and 6) type of dermatological treatment instituted.

Of the 132 IBD patients treated with anti-TNF between 2002 and 2012 (infliximab 88, adalimumab 44), eleven patients developed psoriasis and were therefore included in the study. Eight (73%) were female. Mean age at the time of the study was 38 years.

1) Type of IBD: Crohn's disease (CD) n=10, ulcerative colitis (UC) n=1;
2) At the time of psoriasis development, only one patient was being treated with combination of anti-TNF with azathioprine;
3) Anti-TNF involved: infliximab n=9, adalimumab n=2;
4) Mean time from starting of anti-TNF until development of psoriasis: 11.8 months (range 2–32 months);
5) Location of skin lesions (some patients with involvement of multiple body parts): scalp 82%, palmoplantar 55%, extensor surfaces 36%, trunk 18%, ears 18%, face 8% (Fig. 1);
6) All patients were treated with topical betamethasone plus calcipotriol. Response to therapy: complete 27%, partial 46%, no response 27%. In 5 patients anti-TNF treatment was withdrawn due to psoriasis, which led to an amelioration of skin lesions in all of them.

In our study the overall incidence of anti-TNF induced psoriasis in patients with IBD was 8.3%. This paradoxical reaction can occur several years after starting of anti-TNF agents, and may be severe enough to require cessation of such therapy. In this series 91% of patients were treated with anti-TNF alone at the time of psoriasis development, and in 55% of them, it was possible to continue the anti-TNF agent while controlling the skin disease with topical agents.

Figure 1: Psoriatic lesions involving the face (panel A) and the retroauricular area (panel B).
Conflict of interest

None of the authors has conflicts of interest to declare.

References


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