Combination Therapy **Ciclosporin-Etretinate** Effective in Erythrodermic Psoriasis

M.J.	Marinus J.	Korstanje
P.J.M.J.	Peter J.M.J.	Bessemis
W.J.B.M.	Wim J.B.M.	van de Staak

Maastricht

Marinus J. Korstanje, MD, Peter J.M. J. Bessemis, MD, Wim J.B.M. van de Staak, PhD, Department of Dermatology, Academic Hospital, PO Box 1918, NL-6201 BX Maastricht (The Netherlands)

Sir,

The effectiveness of ciclosporin (CS) in severe plaque psoriasis was shown in several studies [1-4] and in a case of generalized pustular psoriasis [5]. In 4 cases of erythrodermic psoriasis CS cleared the skin [6]. We present here a case of severe resistant erythrodermic psoriasis successfully treated with a combination of CS and etretinate.

Case Report. A 50-year-old man had suffered from severe psoriasis for over 30 years. The psoriasis did not respond to local therapy or oral treatment with etretinate. There was only a mild response to PUVA therapy. During therapy frequent exacerbations of erythrodermic psoriasis occurred. The erythrodermic psoriasis cleared by 70-80% with methotrexate (15 mg orally once a week). Tapering off this dose resulted repeatedly in exacerbation of the psoriasis.

After more than 20 years of PUVA therapy the patient developed a thin atrophic skin with multiple spinocellular carcinomas which were treated with cryosurgery. There was a serious risk of liver fibrosis and

cirrhosis after a cumulative dose of 5.0 g methotrexate. An oral treatment with CS Sandimmune® (6.0 mg/kg/day) was started. Since the psoriasis did not respond to CS after 2 weeks of treatment, the dose was raised to 10.0 mg/kg/day. CS blood level with this dose was 300 ng/ml (HPLC method). During the following 4 weeks there was no response but serum creatinine was raised 50% of baseline. For this reason the CS dose was lowered to 5.0 mg/kg/day. Now etretinate (0.7 mg/kg/day) was started. Serum creatinine normalized and in the following month psoriasis cleared by 90%.

After 4 months of therapy with CS and etretinate, tapering off CS to 4.0 mg/kg/day resulted in an exacerbation of psoriasis within a week. After a raise of CS dose to 5.0 mg/kg/day psoriasis cleared again by 90%. A month later, the etretinate dose was lowered to 0.4 mg/kg/day, which resulted in an increase of psoriasis by 30% after 3 weeks. When the etretinate dose was again raised to 0.7 mg/kg/day psoriasis cleared by 90%. We concluded that CS and etretinate had an additive effect in the treatment of psoriasis.

Ten months after treatment with CS and etretinate no side effects have occurred except for a mild hypertension due to CS which could be controlled by administration of nifedipine.

Comments. Erythrodermic psoriasis is a severe form of psoriasis. A higher dose CS than for plaque form psoriasis is probably needed. A dose of CS higher than 5.0 mg/kg/day can impair renal function within a relatively short time. Long-term treatment may be possible with a lower

dose of CS in combination with another treatment, e.g. PUVA [6] or etretinate. We showed that etretinate and CS may have an additive effect in clearing psoriasis.

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