Combination Therapy Ciclosporin-Etretinate Effective in Erythrodermic Psoriasis

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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.

References