Pregnancy during Ustekinumab Treatment for Severe Psoriasis

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Abstract
We report the case of a 25-year-old patient who became pregnant during ustekinumab therapy. Treatment was suspended immediately after pregnancy had been confirmed. The patient had an uneventful pregnancy and her child is currently 14 months old, with adequate development to her age. Four reports of pregnancy during ustekinumab treatment have been reported and one resulted in miscarriage.

Case Report
A 25-year-old woman with severe plaque psoriasis since the age of 10 presented for a follow-up visit. Prior to this visit she was treated with topical corticosteroids, UVB phototherapy, phototherapy (PUVA) and methotrexate, which was suspended due to the high cumulative dose. Most recently, cyclosporine was used for 22 months with significant initial improvement when she reached PASI 2.9 (the previous PASI was 12). However, due to inadequate psoriasis control (PASI 20) despite dose increase (up to 3 mg/kg daily) and long-term use of cyclosporine, it was chosen to suspend it and start ustekinumab. After 5 months, her PASI decreased to 1.4 with no adverse events. Despite orientation regarding contraception, on the 8th month of therapy, the patient reported that she was pregnant (6 weeks). Her most recent dose of ustekinumab was 18 days before the estimated date of conception. Treatment was immediately suspended and emollients were prescribed. She was referred to a high-risk prenatal center. During pregnancy her psoriasis worsened considerably.

Periodic obstetric evaluations revealed satisfactory fetal development. At 39 weeks, the patient delivered a healthy newborn with 3,665 g and 51 cm. Apgar score at 1 and 5 min was 5 and 8, respectively. Routine vaccination was performed in the delivery room, including hepatitis B and bacillus Calmette-Guérin (BCG). No neonatal abnormality was observed. Ustekinumab remained suspended during the lactation period and was resumed in April 2014, after the patient had ceased breastfeeding. The child had normal development at 14-month follow-up. The Denver test was applied and the child scored properly in all criteria, consistent with her age.

Discussion
Treatment of pregnant women with psoriasis requires careful consideration of the benefits of therapy, safety and effective alternatives, and the possible risk to the fetus [6]. The obstetric literature mentions psoriasis as an independent risk factor for increased rates of pregnancy complications such as miscarriages, inability to conceive and premature birth [7]. It is known that...
References


[10] Lédedé-Bataille N, Dubanchet S, Coulomb-L’hermine A, Durand-Gasselin I, Frydman R, Chaouat G: A new role for natural killer cells, IL-12, and IL-18 in repeated immunization schedule, including BCG, and no complications have been registered to date. A previous report of infliximab treatment for Crohn’s disease during pregnancy was associated with disseminated BCG in the child 6 weeks after vaccination [15].

Additional studies are needed to determine whether adverse gestational outcomes in psoriasis patients using biologics are related to the disease itself and associated comorbidities or are side effects from the therapy.

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