Ειδικές Μορφές Ψωρίασης: η σχέση τους με την ψωριασική αρθρίτιδα και η βέλτιστη θεραπευτική προσέγγιση

Αικατερίνη Πατσατσή
Αναπληρώτρια Καθηγήτρια Δερματολογίας
Ειδικό Ιατρείο Ψωρίασης
Β΄ Κλινική Δερματικών & Αφροδισίων Νόσων ΑΠΘ
Γενικό Νοσοκομείο Παπαγεωργίου

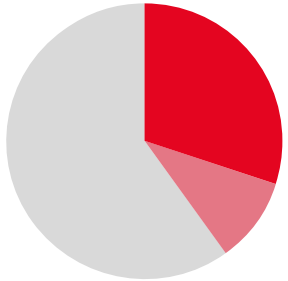
Σύγκρουση συμφερόντων

- Έχω λάβει αμοιβή για ομιλίες και για συμβουλευτικές δραστηριότητες από:
  Abbvie, Jannsen, Genesis, Leo, Novartis, Pfizer, Lilly, UCB

- Ερευνήτρια σε κλινικές μελέτες για:
  Principia BioPharma, Argenx, Novartis, Abbvie, Jannsen, Leo, Genesis, Sanofi, UCB

PSORIATIC ARTHRITIS (PsA)

Definition: *an inflammatory seronegative spondyloarthropathy associated with psoriasis*



30–40%

patients with psoriasis are affected by PsA

1 : 7

patients will develop symptoms of PsA before skin involvement

Can occur at any age, but usually a decade after the first symptoms of psoriasis

Onset typically occurs at around

30–50 years old

Symptoms can range from mild to very severe

The severity of the skin disease and the arthritis do not usually correlate

Disease course is variable and unpredictable

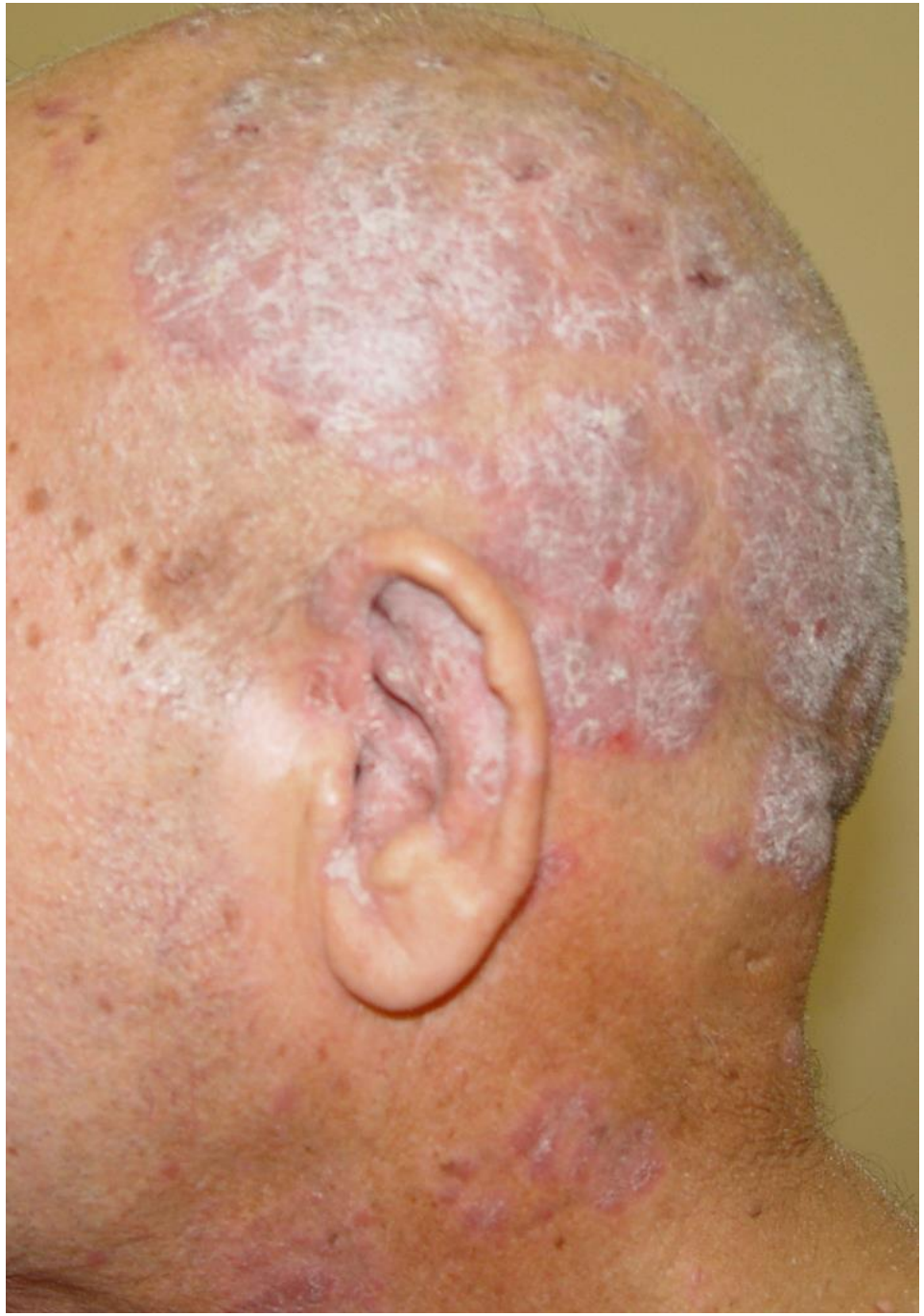
Characterised by flares and remissions

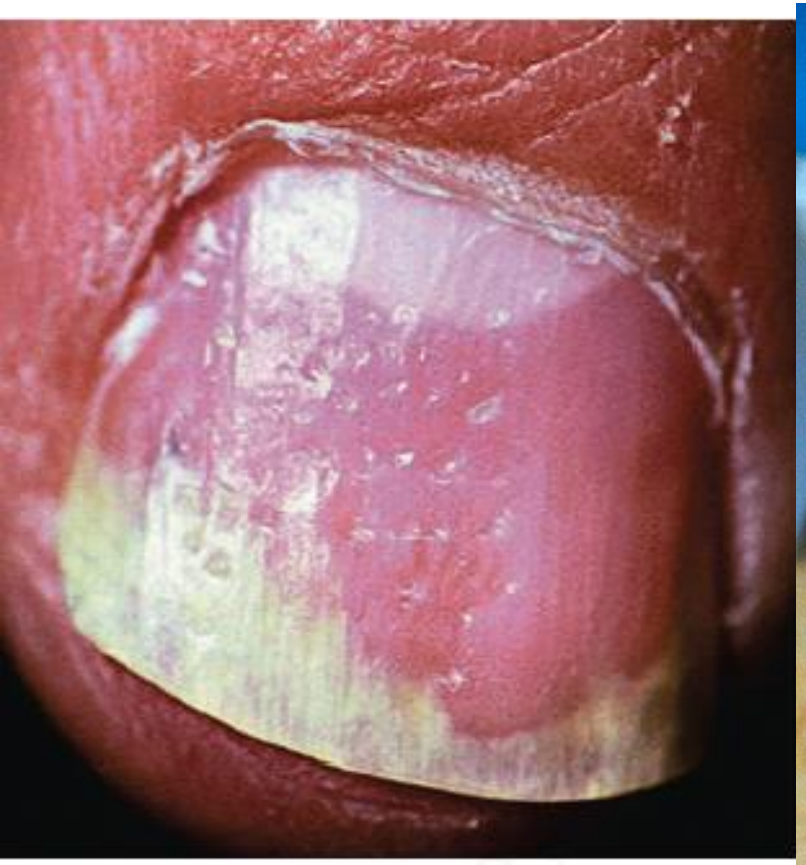
Can range from mild and non-destructive to a severe, debilitating and erosive arthropathy

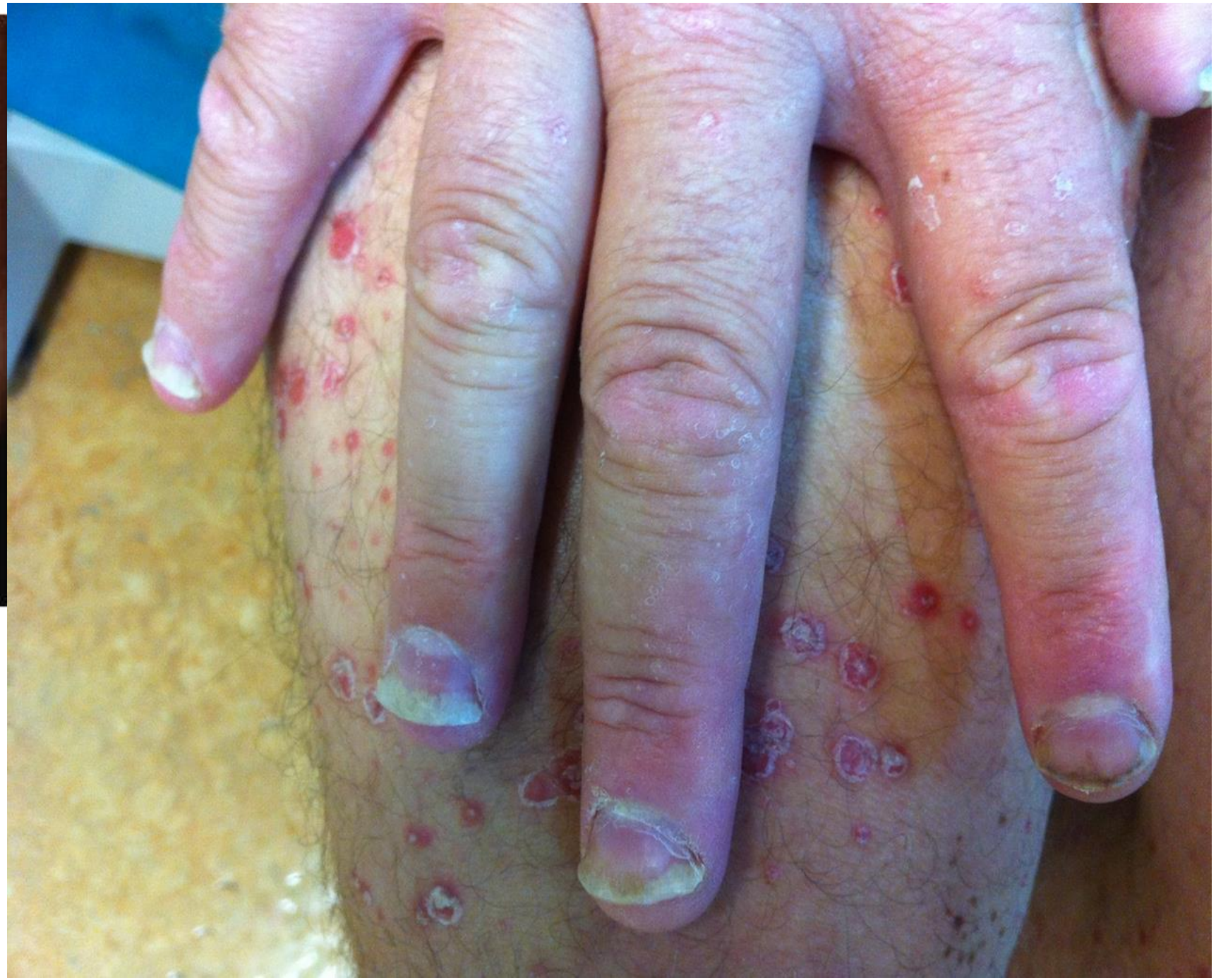
Characterised by stiffness, pain, swelling and tenderness of the joints and surrounding ligaments and tendons

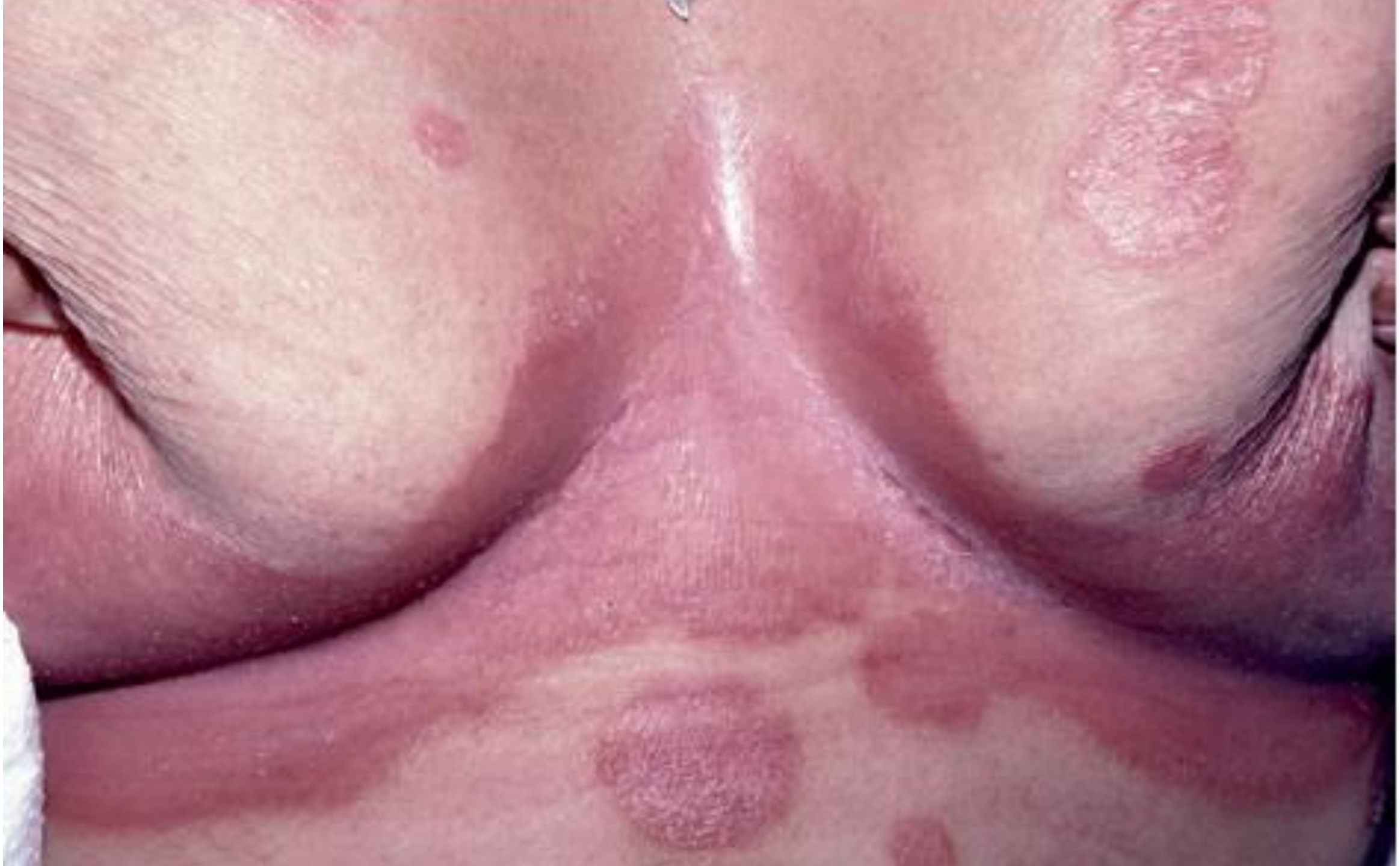
PsA, psoriatic arthritis

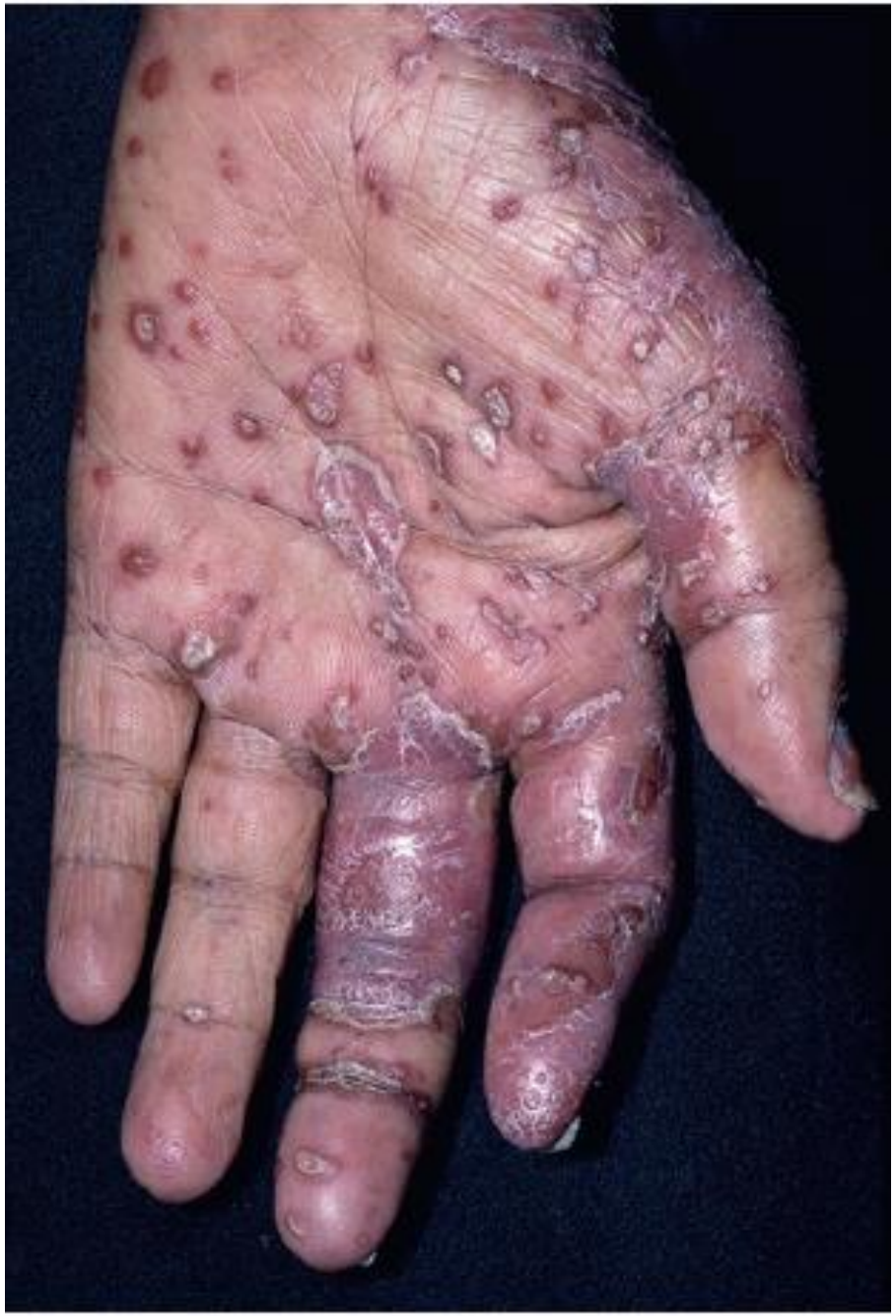
Gottlieb et al. J Am Acad Dermatol 2008; Pittekow and Genebriera. Psoriasis. In: Pharmacology and Therapeutics: Principles to Practice 2009

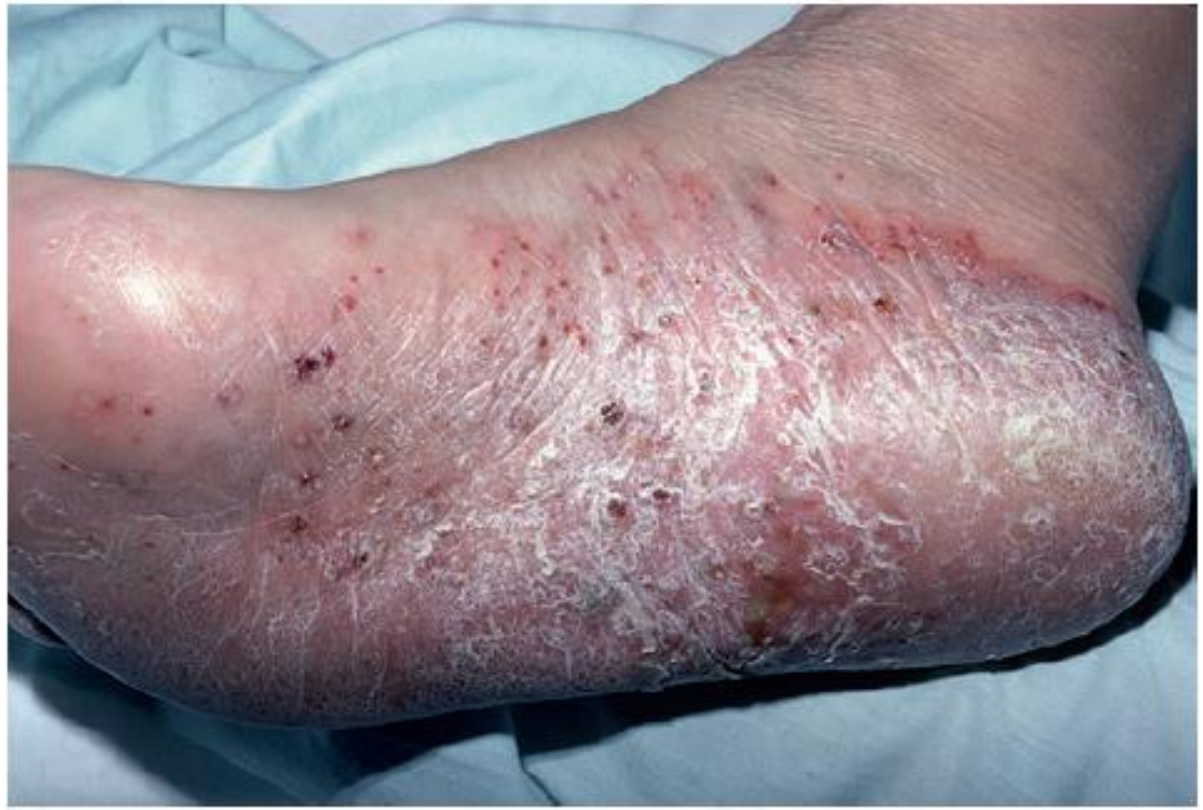




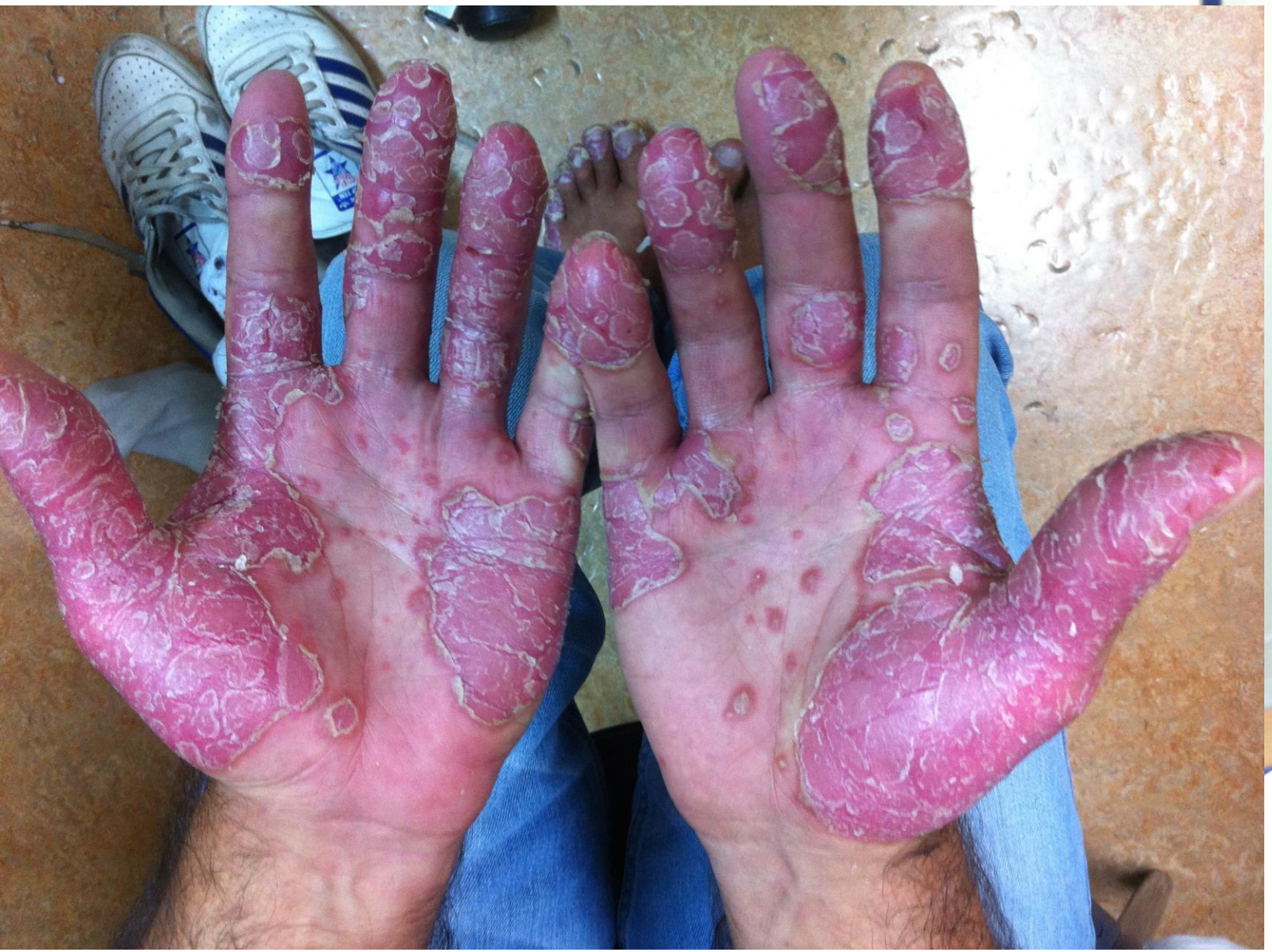


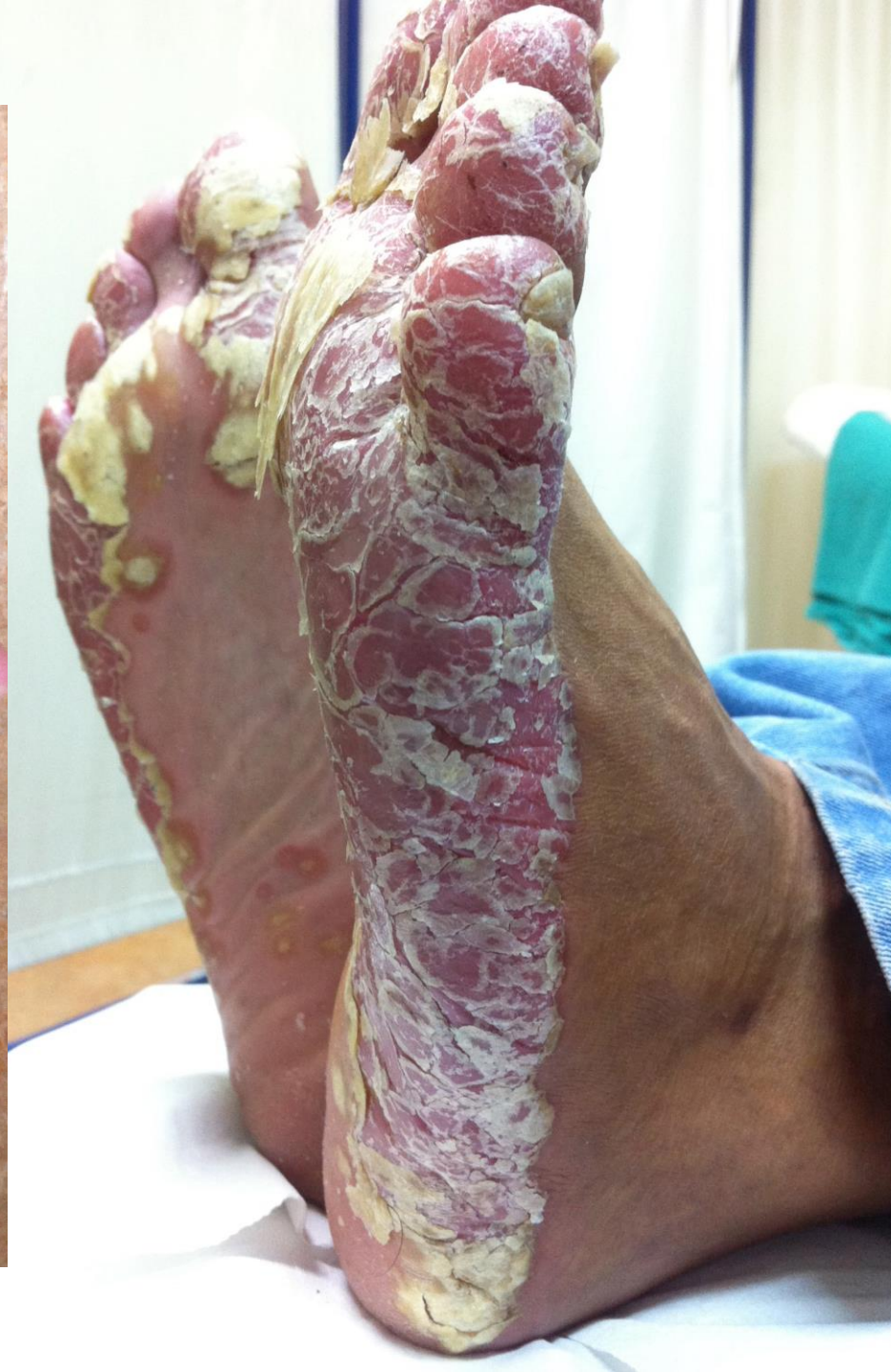






eFig. 10.11 Palmoplantar pustulosis. (Courtesy Steven Binnick, MD.)





Συνδέονται οι ειδικές μορφές ψωρίασης

με την ψωριασική αρθρίτιδα ?

Nail dystrophies, scalp and intergluteal/perianal psoriatic lesions: risk factors for psoriatic arthritis in mild skin psoriasis?

A. PATRIZI [1], M. VENTURI [1], R. SCORZONI [1], M. PAZZAGLIA [1], N. MALAVOLTA [2], F. BARDAZZI [1]

Ασθενείς με ψωριασική αρθρίτιδα

- 83% είχαν ψωρίαση τριχωτού και ψωρίαση ονύχων
- 40% είχαν ανάστροφη ψωρίαση
- 37% είχαν μονον ψωρίαση τριχωτού

Disease characteristics of psoriatic arthritis patients may differ according to age at psoriasis onset: cross-sectional data from the Psoriatic Arthritis-International Database

Results

Of 1648 patients registered in the database, 1634 had data of their PsO diagnosis date. A total of 1634 (62.8% females) patients with PsA were recruited, 1108 (67.8%) being in the EO-PsO group and 526 (32.2%) being in the LOPsO group. Rate of over-weight

Ψωρίαση με πρώιμη έναρξη Φαινότυποι

- Συχνότερη η ψωριασική αρθρίτιδα (67.8%)
- Συχνότερη η ψωριασική ονυχία κ η ψωρίαση τριχωτού
- Μεγαλύτερης διάρκειας η ψωριασική αρθρίτιδα
- Αξονική προσβολή στους άνδρες
- Οικογενειακό ιστορικό στις γυναίκες

Ψωρίαση με όψιμη έναρξη Φαινότυποι

- Συχνότερη η προσβολή των άκρων κλινικά
- παχυσαρκία

Clinical and Experimental Rheumatology 2021; **39**: 532-536.

Dermatol Ther (Heidelb) (2018) 8:593–604
https://doi.org/10.1007/s13555-018-0266-x

ORIGINAL RESEARCH

Clinical and Genetic Risk Factors Associated with Psoriatic Arthritis among Patients with Psoriasis

Di Yan · Richard Ahn · Stephen Leslie · Wilson Liao

Παράγοντες Κινδύνου για ΨΑ

- Στη μελέτη αυτή, σε 974 ασθενείς (από τους οποίους οι 175 είχαν ψωριασική αρθρίτιδα) αναγνωρίσθηκαν κλινικοί και γενετικοί παράγοντες που συνδέονται με την ύπαρξη ή την εμφάνιση ΨΑ

- Η ψωριασική αρθρίτιδα (ΨΑ) υπο διαγιγνώσκεται στην πρωτοβάθμια φροντίδα υγείας - ελλειπές ιστορικό

- Η καθυστέρηση της διάγνωσης επηρεάζει αρνητικά την εξέλιξη της αρθρικής βλάβης και την ποιότητα ζωής

Dermatol Ther (Heidelb) (2018) 8:593–604
https://doi.org/10.1007/s13555-018-0266-x

ORIGINAL RESEARCH

Clinical and Genetic Risk Factors Associated with Psoriatic Arthritis among Patients with Psoriasis

Di Yan · Richard Ahn · Stephen Leslie · Wilson Liao

Ισχυρή θετική συσχέτιση με ΨΑ

Μονοπαραγοντική Ανάλυση

- Ηλικία
- Ψωριασική Ονυχία
- Ψωρίαση τριχωτού
- Κατά πλάκας ψωρίαση
- Ερυθροδερμική Ψωρίαση
- Υπέρταση
- Διαβήτης τύπου ΙΙ
- Στεφανιαία νόσος

Πολυπαραγοντική Ανάλυση

- Ψωριασική Ονυχία
- Φλυκταινώδης ψωρίαση
- Ανάστροφη ψωρίαση
- Διαβήτης τύπου ΙΙ

Dermatol Ther (Heidelb) (2018) 8:593–604

Table 4 Results of model 2, a multivariable logistic regression model for presence of psoriatic arthritis developed by stepwise regression from an initial pool of all demographic, clinical, environmental, and genetic factors

Variable	Odds ratio (95% CI)	*p* value
Model intercept	0.11 [0.01–0.87]	0.045*
Demographic characteristics		
Age of psoriasis onset	0.96 [0.92–0.99]	0.017*
Gender[a]	2.56 [0.93–7.40]	0.072[b]
Heritable factors		
HLA-C*06:02 positivity	0.60 [0.20–1.64]	0.327
Lesion location		
Ear involvement	0.35 [0.10–1.06]	0.067[b]
Nail involvement	3.92 [1.5–10.8]	0.006**
Comorbidities		
Cardiovascular disease	15.48 [0.84–610]	0.084[b]
Diabetes, type 2	9.91 [1.35–82.4]	0.025*
Hypertriglyceridemia	0.03 [0.00–0.48]	0.035*
Subtype		
Plaque subtype	4.25 [0.94–26.4]	0.082[b]
Inverse subtype	5.26 [1.01–23.0]	0.051[b]
Pustular subtype	4.77 [0.57–47.4]	0.157
Severity		
Severe psoriasis	2.03 [0.77–5.44]	0.154

Review

Defining Pre-Clinical Psoriatic Arthritis in an Integrated Dermato-Rheumatology Environment

J. Clin. Med. **2020**, *9*, 3262

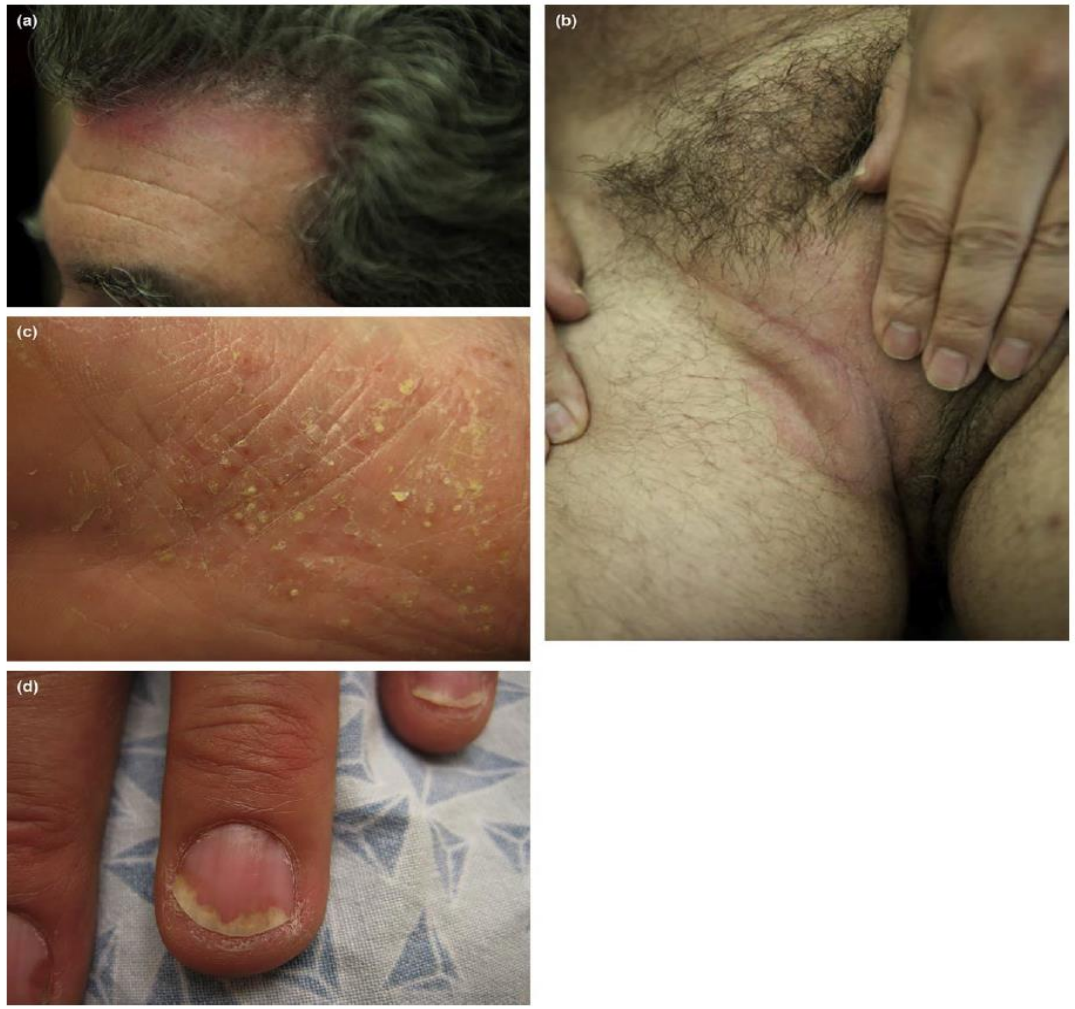
Laura Savage [1,2], Ilaria Tinazzi [3], Alen Zabotti [4], Philip M. Laws [1,2], Miriam Wittmann [1,2] and Dennis McGonagle [1,2,*]

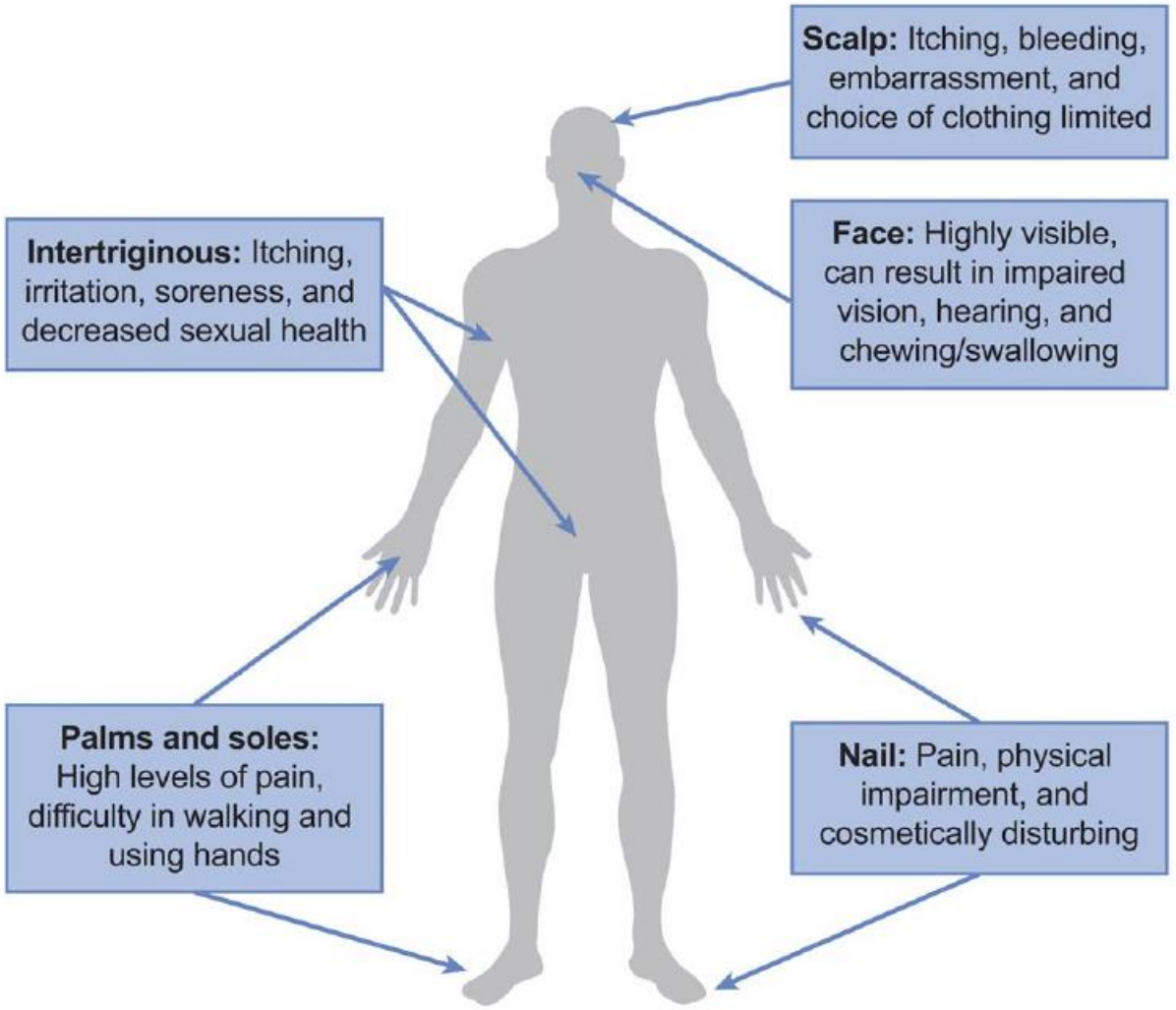
2.6. Defining Clinical Disease Phenotypes

It is now quite clear that PsO is a heterogeneous disease with many variants, and some PsO phenotypes sometimes overlap with other disorders such as acneiform lesions (e.g., SAPHO syndrome) and autoinflammatory disease with different genetic predisposition [4]. It has emerged that not all PsO phenotypes are the same, and that certain clinical features are associated with an increased risk of developing PsA. A careful clinical examination of involved sites can therefore provide the dermatologist with an indication of potential future or concurrent subclinical PsA, to which they can target further imaging assessment. Of particular note, it appears that scalp, nail, and gluteal cleft disease are the strongest biomarkers for the development of PsA [26]. These psoriasis patterns are not associated with the carriage of HLA-Cw0602, which is a marker for extensive psoriasis.

Underdiagnosed and undertreated psoriasis: Nuances of treating psoriasis affecting the scalp, face, intertriginous areas, genitals, hands, feet, and nails

Dermatologic Therapy. 2018;31:e12589.

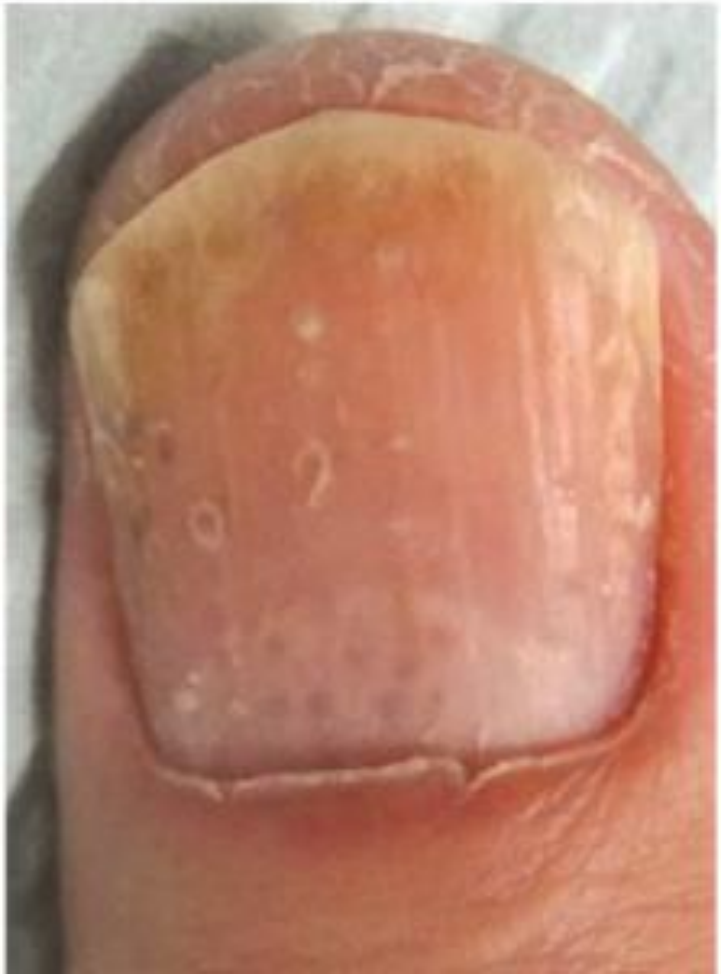




Management of nail psoriasis

L. Thomas,[1] J. Azad[1] and A. Takwale[2]

[1]Department of Dermatology, The James Cook University Hospital, Middlesbrough, UK; and [2]Department of Dermatology, Gloucestershire Hospitals NHS Foundation Trust, Gloucestershire, UK



- Conventional systemic therapy is indicated for more severe nail psoriasis, with or without cutaneous psoriasis or PsA.
- Systemic therapies are deemed less powerful and are slower-acting treatments than biologics for nail psoriasis, with the possible exception of ciclosporin.
- All biologics available for cutaneous psoriasis and PsA have excellent results on the nail, and no single biologic is superior to the others.
- There is need for the development of a simplified disease severity score for assessing nail psoriasis in clinical practice.

Clinical and Experimental Dermatology (2021) **46**, *pp3–8*

Nail psoriasis: clinical features, pathogenesis, differential diagnoses, and management

Psoriasis: Targets and Therapy 2017:7

Eckart Haneke[1–4]

[1]Department of Dermatology, Inselspital, University of Bern, Bern, Switzerland; [2]Dermatology Practice Dermaticum, Freiburg, Germany; [3]Centro de Dermatología Epidermis, Instituto CUF, Porto, Portugal; [4]Department of Dermatology, University Hospital, Gent, Belgium

Table 2 Treatment algorithm for nail psoriasis

Hitherto untreated mild NP (three nails, NAPSI <16)	Topical steroid class III–IV Steroid plus calcipotriol		
No improvement	Injections (steroids, methotrexate)		
No improvement	Systemic antipsoriatics (MTX, CyA [FAE])	More than three nails, NAPSI >16. Unsuccessfully pretreated	Systemic antipsoriatics (MTX, CyA [FAE])
No improvement	Biologicals: TNF-α inhibitor	No improvement	Biologicals: TNF-α inhibitor
		If TNF-α inhibitors no longer active or show a paradox worsening	IL-12/23 or IL-17 inhibitor
		If IL-12/23 or IL-17 inhibitors no longer active	Selective p19 inhibitor (IL-23)

Abbreviations: CyA, cyclosporin A; FAE, fumaric acid ester; MTX, methotrexate; NP, nail psoriasis; NAPSI, nail psoriasis severity index.

Genital and Inverse/Intertriginous Psoriasis: An Updated Review of Therapies and Recommendations for Practical Management

Dermatol Ther (Heidelb) (2021) 11:833–844

Julie J. Hong · Megan L. Mosca · Edward K. Hadeler · Nicholas D. Brownstone · Tina Bhutani · Wilson J. Liao

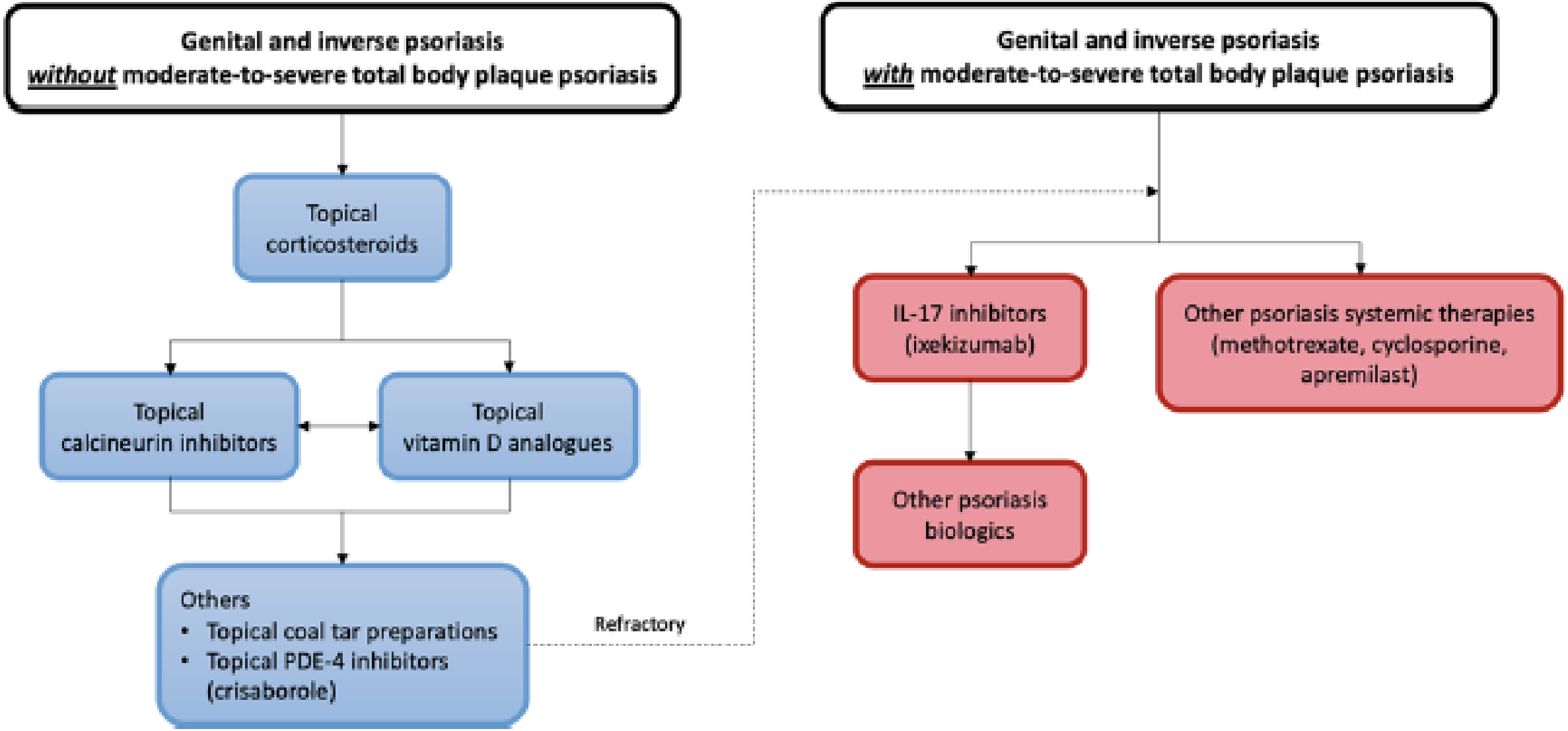
Among patients with psoriasis, up to 63% may develop genital psoriasis and 79% develop inverse psoriasis.

Θεραπευτική στόχευση σε σοβαρές μορφές IL-17, IL-23, PDE -4

The first-line recommended therapy is topical corticosteroids, topical calcineurin inhibitors, and topical vitamin D analogs. The second-line recommendations are topical coal tar preparations and topical PDE-4 inhibitors. For recalcitrant or severe cases of genital psoriasis, biologic and other systemic therapies are recommended, with the most data available for ixekizumab.

Currently, clinical trials are evaluating the efficacy and safety of apremilast (oral PDE-4 inhibitor) and guselkumab (IL-23 inhibitor) for the treatment of genital psoriasis.

Dermatol Ther (Heidelb) (2021) 11:833–844



American Journal of Clinical Dermatology (2020) 21:355–370

Palmoplantar Pustulosis: Recent Advances in Etiopathogenesis and Emerging Treatments

Magdalena Misiak-Galazka[1] · Joanna Zozula[1] · Lidia Rudnicka[1]

- Κύριος ο ρόλος της IL- 36 στην παλαμοπελματιαία ψωρίαση
- Θεραπευτικοί στόχοι επίσης: IL -17, IL-1, IL -8

Key Points

The genetic background of palmoplantar pustulosis (PPP) is complex and differs from that of other types of psoriasis.

Recent studies have focused on the role of the interleukin (IL)-17 pathway, the IL-36 pathway (with overexpression of IL-8), and the microbiome in the etiopathogenesis of PPP.

Ongoing clinical trials in PPP are devoted to an IL-1 inhibitor (anakinra), an IL-8 receptor type B inhibitor (RIST4721/AZD4721), an IL-17 receptor A inhibitor (brodalumab), IL-36 inhibitors (ANB019 and BI 655,130 [spesolimab]), and an inhibitor of the granulocyte colony-stimulating factor receptor (CSL324).

	TNF-α inhibitors	IL-17 inhibitors	IL-23 inhibitors	PDE4 inhibitors	JAK inhibitors
PsA					
Peripheral arthritis	🟢	🟢	🟢	🟢*	🟢
Enthesitis	🟢	🟢	🟢#	🟢	🟡¥
Dactylitis	🟢	🟢	🟢#	🟢	🟡¥
Axial disease	🟢	🟢	🔴	🟡	🟡
Radiographic damage	🟢	🟢	🟢##	🟡	🟡
PsO					
Skin psoriasis	🟢	🟢	🟢	🟢	🟢
Nail psoriasis	🟢	🟢	🟢	🟢	🟢
Comorbidities					
Uveitis	🟢	🟡	🟡	🟡	🟡
IBD	🟢	🔴	🟢	🔴	🟢

J. Clin. Med. **2020**, *9*, 3262

Συνδυασμένη αξιολόγηση των θεραπειών

- 🟢 **Effective**
- 🟡 **Not evaluated/Not reported/ Need for further studies**
- 🔴 **Not effective**

Review

Defining Pre-Clinical Psoriatic Arthritis in an Integrated Dermato-Rheumatology Environment

J. Clin. Med. **2020**, *9*, 3262

Laura Savage [1,2], Ilaria Tinazzi [3], Alen Zabotti [4], Philip M. Laws [1,2], Miriam Wittmann [1,2] and Dennis McGonagle [1,2,*]

Table 1. Pre-clinical markers in early arthritis—psoriatic arthritis versus rheumatoid arthritis.

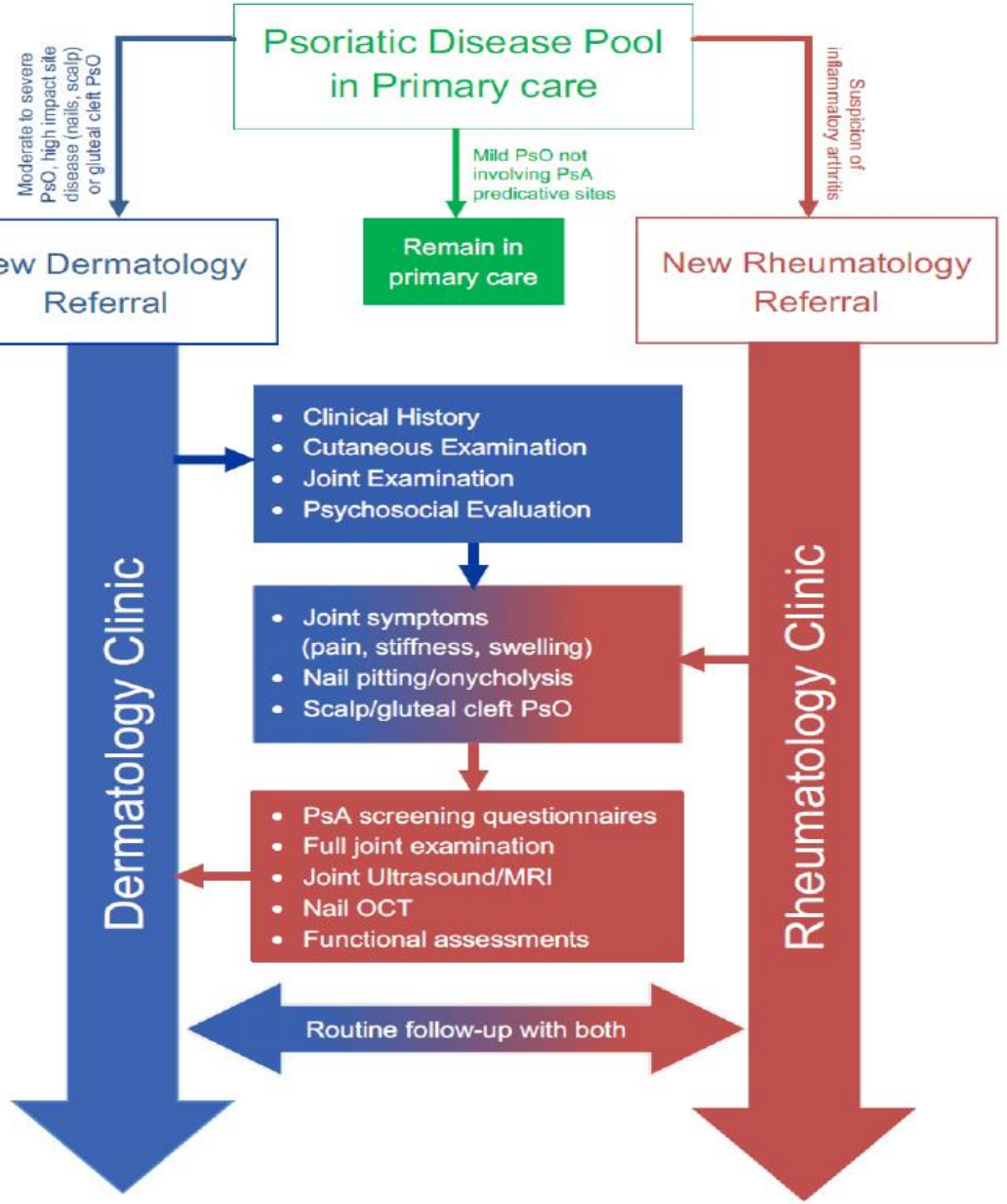
	Psoriatic Arthritis	Rheumatoid Arthritis
Pre-clinical disease	70% have psoriasis	70% have ACPA positivity
Duration of pre-clinical disease	7–12 years	Up to 10 years
Biomarker/sensitivity	PASI score—no correlation with arthritis severity	ACPA titre—correlates with arthritis severity

ACPA: Anti-citrullinated protein antibodies; PASI: Psoriasis Area Severity Index;

While dermatologists are competent in the management of psoriatic skin disease, many are not sufficiently familiar with the diagnosis, treatment, and referral criteria of co-existent PsA.

Despite the advent of sensitive imaging techniques that can detect pre-symptomatic arthritis, within the context of a busy dermatology clinic, imaging of every patient with PsO may not be clinically or economically appropriate

Η δύναμη
της συνεργασίας



J. Clin. Med. **2020**, *9*, 3262

van Muijen et al ORIGINAL RESE Psoriasis: Targets and Therapy 2020:10 29–37

The Skin May Clear But the Arthritis Won't Disappear: Focusing on Concomitant and New-Onset Psoriatic Arthritis in a Daily Practice Cohort of Psoriasis Patients on Biologic Therapy

9,4 των ασθενών υπό βιολογική θεραπεία για την ψωρίασή τους εμφάνισε για πρώτη φορά εκδηλωσεις ψωριασικής αρθρίτιδας

Objective: We assessed the predictive value of demographic and clinical characteristics for development of PsA in a cohort of patients with moderate-to-severe psoriasis, currently treated with biologics. Furthermore, we reported the incidence of new-onset PsA in this population and described the characteristics of patients that developed PsA during biologic treatment.

Methods: Demographics and treatment characteristics of psoriasis patients currently using biologic therapy were extracted from the BioCAPTURE database (n=427). Poisson regression was used to calculate incidence rates. Multivariable logistic regression was performed to identify factors independently associated with PsA onset. Patient and treatment characteristics of patients that developed PsA during biologic treatment were described.

Results: The incidence of PsA was 1.0 (95% CI 0.8–1.2) per 100 psoriasis-years. Except for a lower risk for PsA in male gender (OR 0.58, 95% CI 0.34–0.98, p-value 0.04), no clinical factors were significantly associated with an altered risk of developing PsA. During biologic therapy, 32 patients (9.4%) newly developed PsA. In this group, 53.8% had PASI<5 at PsA diagnosis. The incidence rate of PsA was 1.6 (95% CI 1.1–2.2) per 100 years on biologic therapy.

Conclusion: Clinical risk factors might be inaccurate to predict PsA onset in patients with moderate-to-severe psoriasis on biologics. Even with low disease activity, psoriasis patients on biologics are still prone to develop PsA.

Ειδικές Μορφές Ψωρίασης: η σχέση τους με την ψωριασική αρθρίτιδα και η βέλτιστη θεραπευτική προσέγγιση

- Ισχυρότερη σύνδεση με υποκλινική ψωριασική αρθρίτιδα: ψωρίαση ονύχων, ανάστροφη ψωρίαση και φλυκταινώδης ψωρίαση παλαμών / πελμάτων
- Δεν συσχετίζεται η βαρύτητα της ψωρίασης με την πιθανότητα εμφάνισης ή τη βαρύτητα της ψωριασικής αρθρίτιδας
- Οι στοχευμένες θεραπείες σημαντικές στην κοινή αντιμετώπιση ψωρίασης και ψωριασικής αρθρίτιδας
- Κάτω από ένα καθαρό δέρμα μπορεί να εξελίσσεται η ψωριασική αρθρίτιδα..