



INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

## TREATMENT OF REFRACTORY PITYRIASIS RUBRA PILARIS WITH INFlixIMAB

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**Background:** Pityriasis rubra pilaris (PRP) is a papulosquamous disease characterized by the association of palmoplantar keratoderma, follicular plugging and erythematous perifollicular papules which may progress to plaques or erythroderma. The diagnosis remains primarily clinical as the histological features of PRP are largely non-specific.

**Observation:** We present a case of a 69-year-old man with a 3 months history of widespread erythema covering the upper part of his trunk, face and arms after having used pesticides during the sprinkling of vines. The lesions consisted of coalescing patches and follicular papules with intense scaling and pruritus. A skin biopsy was performed and confirmed the diagnosis of PRP.

The patient was initially treated with cyclosporine at a dosage of 5 mg/kg/day for 3 months. Due to lack of significant clinical improvement methotrexate, acitretin and finally apremilast were prescribed as monotherapies during the following 9 months. Dosages and titration schedule were followed according to the European psoriasis guidelines. Due to either adverse events or insufficient efficacy all above regimens were abandoned. Treatment with infliximab at the approved for psoriasis dosage was initiated shortly after with an impressive clinical result and the cessation of the pruritus within a few days from the first infusion. During his follow up visits at six and twelve months control of his disease was almost complete.

**Key message:** Our case report supports the evidence derived from the existing literature that TNF antagonist therapy is of great value in RPR treatment. While this report is encouraging, it should be remembered that PRP is a self-limiting disease, and some patients do improve and resolve at the 1-year mark. Maybe this case presentation could reflect a spontaneous resolution, but in our patient the time course of the disease is well beyond and we believe that infliximab was responsible for the clinical improvement.

