PICTORIAL CME

Secukinumab Use in Psoriatic Arthritis

Rakesh Kumar Jagdish[1], Shailly[2], MK Bhatnagar[3]

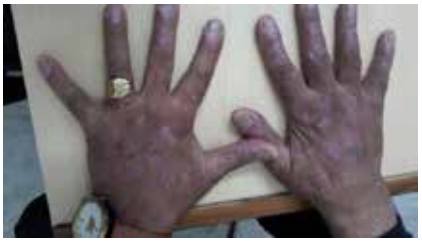

Fig. 1: Initial skin lesion

A 76 years old male, non smoker, non alcoholic, was diagnosed as psoriatic arthritis 3 years back on the basis of psoriatic skin rash, asymmetrical polyarthritis including distal interphalangeal joints and asymmetric sacroilitis with raised inflammatory markers. He was allergic to sulphasalazine and intolerant to methotrexate. He was given leflunomide 20 mg daily but he did not responded well to it and therefore anti-TNF agent subcutaneous injection etanercept 50 mg weekly was added to it. He responded well and remains stable for about 2.5 years but any attempt to taper anti TNF resulted in recurrence of symptoms and signs, so patient was continued on same dose.

Inspite of regular and adequate dose of etanercept and leflunomide, patient developed skin rash on dorsum of both hands associated with gradually increasing inflammatory type of low back pain and polyarthralgia from last 3 months. On examination his tender joint count (TJC) was 15/68, swollen joint count (SJC) was 0/66,without any deformity, Patient's pain score was 6/10 score, patient global assessment score was 8/10, with increase in CRP-32 mg/L, ESR-41 mm/h, Disease Activity in PSoriatic Arthritis (DAPSA)-32.2(High activity). Secondary anti-TNF Failure was considered and etanercept was stopped. Patient was shifted to

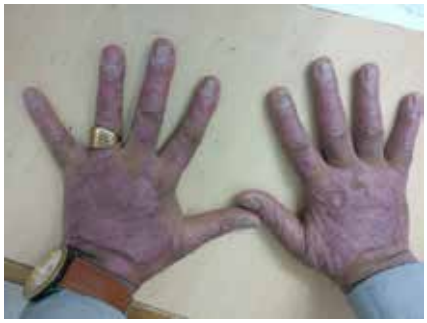

Fig. 2: Late skin lesions

subcutaneous injection Secukinumab 300 mg every weekly for 4 weeks than monthly , he responded very well within one month, with disappearance of rash and improvement in back pain without any side effect. His DAPSA score significantly improved from 32.2 (high activity) to 2.3 (remission) with marked dermatological improvement (Figures 1, 2, 3).

Secukinumab is a fully human monoclonal antibody that selectively neutralizes circulating IL-17a. Research suggests that IL-17a may play an important role in driving the body's immune response in psoriasis, psoriatic arthritis and ankylosing spondylitis.[1,2] Even though many patients with psoriatic arthritis benefit from anti-TNF therapy but many do not respond to Anti-TNF agents, therefore unmet needs remain, including an unacceptable side-effect, lack of primary efficacy(primary failure), loss of efficacy(secondary failure), and immunogenicity with these agents in some patients.[3-7] Secukinumab showed efficacy among

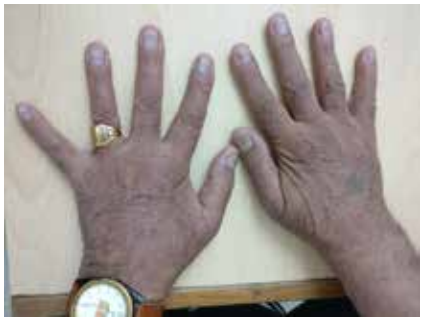

Fig. 3: Resolved skin lesion after Secukinumab injection

patients who had received previous anti-TNF therapy and especially in above mentioned situations.

References

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[1]Consultant Rheumatologist, Kailash and Max Hospital, Noida; Ex. Senior Resident Rheumatology, AIIMS, Delhi; [2]Resident TB and Chest Hospital, Government Medical College Patiala, Punjab; [3]Professor of Medicine Santosh Medical College and Hospital Ghaziabad, Ex-Director Professor Lady Hardinge Medical College, New Delhi

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