

## ITOLIZUMAB AS THE FIRST LINE OF TREATMENT IN MODERATE TO SEVERE CHRONIC PLAQUE PSORIASIS: A CASE REPORT

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### ABSTRACT

Psoriasis is a chronic, autoimmune disease with a genetic predisposition. Among the various therapeutic options, biological therapies are emerging as a novel therapy in the management of this disease. Here, we present a case report of a patient who received Itolizumab as the first line of therapy.

**Keywords:** Psoriasis, Biologic, Itolizumab.

### INTRODUCTION

Psoriasis is a chronic, autoimmune skin disorder with characteristic red, dry, scaly, and itchy patches and inflammation on the skin [1]. One of the striking features is the rapid rate of epidermal turnover [2]. Treatment options include topical emollients, phototherapy, systemic drugs, and biological. Topical therapy remains the preferred first line of treatment that includes corticosteroids, calcipotriol, anthralin, coal tar, etc. [3]. A psoralen combined with ultraviolet A light and ultraviolet B treatment is the preferred option for the management of moderate or moderate to severe psoriasis [4]. Systemic therapies such as methotrexate, cyclosporine, acitretin, hydroxyurea are administered for more severe forms of this disease, especially for those patients who have failed on the topical and light treatments [5]. At present, biological agents that evade side effects such as hepatotoxicity, nephrotoxicity, and bone marrow suppression are being considered as therapeutic agents [5,6]. Biological agents include anti-tumor necrosis factor  $\alpha$  such as etanercept, infliximab; anti - interleukin 6 such as adalimumab [6], and anti-CD6 agents such as itolizumab [7]. Here, we present a case report of a patient who received Itolizumab as the first line of therapy.

### CASE REPORT

A 51-year-old man had a previous medical history of itchy, reddish, scaly lesions over the elbows and knees about 4-5 years ago. The symptoms resolved following treatment with topical medicines within 5-6 months. A symptom-free period of 4-5 months was initially observed. Thereafter, he noticed development of fresh lesions on lower limbs and gradually spread to other parts of the body in the 1-2 months. He was then treated with a combination of topical and systemic therapies, the details of which are not available; however, he confirmed that neither methotrexate nor cyclosporine therapy was administered. At this stage, he presented at our clinic, and we diagnosed his condition as moderate chronic plaque psoriasis. Since the patient had not obtained satisfactory results with topical agents which he had earlier received, he asked for other treatment options for psoriasis. We had earlier observed good clearance of psoriatic lesions in moderate to severe psoriasis patients who were treated with Itolizumab. Hence we had suggested the option of Itolizumab therapy along with other options of systemic therapy for moderate to severe chronic plaque psoriasis. Patient opted for Itolizumab therapy and we initiated Itolizumab therapy as per the standard dosing regimen [8]. During the induction doses of 'Itolizumab' therapy, the patient achieved maximum clearance of his psoriatic

lesions. This was also confirmed by the reduction of Psoriasis Area Severity Index (PASI) score of 40.1 at baseline to 3.7 after treatment. Similarly, Dermatology Life Quality Index (DLQI) of 12 at baseline was reduced to 4 following treatment. However, during the maintenance dose there was a mild relapse in his condition. He was treated with concomitant cyclosporine, which successfully controlled the relapse. The patient completed the entire course of Itolizumab therapy following which he had 6 months of remission with concomitant administration of cyclosporine.

### DISCUSSION

In the present case, initial presentation confounded the condition to be of fungal origin. Treatment with antifungal agents resolved the condition temporarily; Relapse was marginally controlled by oral antibiotics; however, since the condition was autoimmune in origin and chronic in nature, treatment with Itolizumab resulted in complete clearance of the plaques with a continued remission of more than 4 months.

### CONCLUSION

This confirms that Itolizumab can be considered as a safe first-line therapy for early and optimum resolution of symptoms observed in patients of moderate to severe chronic plaque psoriasis.

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