EP-148 - PSORIASIS IN INFLAMMATORY BOWEL DISEASE PATIENTS TREATED WITH TNFA INHIBITORS: A 19-YEAR EXPERIENCE OF A TERTIARY CENTRE

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Introduction:

Inflammatory bowel disease (IBD) and Psoriasis are chronic inflammatory conditions with a shared pathologic process, which explains the use of similar therapeutic strategies. Psoriasis can be associated to IBD as an independent entity, as an extraintestinal manifestation of IBD, or even as a paradoxical event of anti-tumor necrosis factor alpha (TNFa) therapy.

Our main goal was to review our experience of patients treated with TNFa inhibitors regarding the occurrence of psoriasis.

Methods:

We retrospectively analyzed data from clinical registries regarding a cohort of patients with IBD under anti-TNF therapy and Psoriasis diagnosis, from January 2000 until the end of January 2019.

Results:

422 patients were analyzed. Suspicious dermatological lesions were found in 111 patients and a diagnosis of psoriasis was made in 34 (26 females vs 8 males). Among patients with Psoriasis, the predominant IBD type was Crohn's disease (n=1 ulcerative colitis) with ileocolonic disease (46%), a non-stricturing non-penetrating behavior (49%) and diagnosed between 16-40 years old (79%). Lesions were found mainly in scalp (n=13), trunk (n=10) and palmoplantar regions (n=7). 35% were diagnosed while being under combined therapy with immunosuppressors (n=4 methotrexate, n=8 azathioprine).

The mean time from anti-TNF exposure until development of psoriasis was 28 months. Psoriatic lesions were controlled in 4 patients by switching infliximab to adalimumab. The discontinuation of anti-TNF therapy due to psoriasis occurred in 4 patients. 50% swapped to ustekinumab or vedolizumab with good skin disease control.

Conclusion:

The occurrence of psoriatic skin lesions, is an emergent issue in the context of anti-TNF drugs use. In some patients it can lead to discontinuation of anti-TNF therapy and potentially affect the course of the underlying intestinal disease. Effective drugs on psoriasis and IBD, targeting different pathways than TNFa are changing the reality allowing further control over both diseases.