

**LOW-DOSE CICLOSPORIN THERAPY OF
ERYTHRODERMIC PSORIASIS**

Ryszard Galus¹, Katarzyna Borowska², Marian Jędrych³,
Barbara Jodłowska-Jędrych⁴, Longin Niemczyk⁵,
Marek Antyszko⁶, Agnieszka Terlikowska-Brzóska⁷,
Witold Owczarek⁷, Stanisław Zabielski⁸

¹Department of Histology and Embryology, Center for Biostructure, Medical University of Warsaw, Chalubinskiego 5 Str., 02-004 Warsaw, Poland

²Department of Cosmetology, The Bronisław Markiewicz State Higher School of Technology and Economics in Jarosław, 16 Czarnieckiego Str., 37-500 Jarosław, Poland

³Department of Mathematic and Biostatistic, Medical University of Lublin, Jaczewskiego 4 Str., 20-090 Lublin, Poland

⁴Department of Histology and Embryology with Experimental Cytology Unit, Medical University of Lublin, Radziwiłowska 11 Str., 20-080 Lublin, Poland

⁵Department of Nephrology, Dialysotherapy and Internal Medicine, Medical University of Warsaw, Banacha 1a Str., 02-097 Warsaw, Poland

⁶La Beauté, Gabinet Dermatologii i Medycyny Estetycznej, Waszyngtona 45/51 Str. app. 133, 04-008 Warsaw, Poland

⁷Department of Dermatology, Military Institute of Health, Szaserów 128 Str., 00-909 Warszawa, Poland

⁸School of Economics, Law and Medical Sciences in Kielce, Jagiellońska 109A Str., 25-734 Kielce, Poland

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Corresponding author: Dr. Ryszard Galus, MD PhD

rkgalus@wp.pl

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Introduction

Psoriasis is a chronic, recurrent inflammatory skin disease which affects around 2% of the population and is characterized by erythematous and scaly macules and papules of greatly varying degree of involvement.

Ciclosporin (Cs) is a therapeutic agent rarely used in the treatment of erythrodermic psoriasis as a monotherapy [1].

Case Report

We present a 42-year-old male affected with biopsy-proven vulgar psoriasis admitted to our Department for the appearance of an erythrodermic psoriasis (Fig. 1A). Before admission to the hospital patient suffered from relapsing episodes of

diffuse psoriasis, since the age of 19, which responded well to topical emollients and UVB therapy. 5 years ago has suffered from hepatitis C. The laboratory tests did not revealed any abnormalities related to renal and hepatic function. The patient was treated with ciclosporin 2.5 mg/kg per day, doxycycline (2 x 100mg per day) and hydroxyzine tablets for symptomatic relief. The clinical response was not immediate, although at the beginning of the third week of the therapy a marked reduction of erythema and scaling was evident. Since week 4 of the treatment, ciclosporin was gradually reduced (0.5 mg/kg per day). Presently patient receives 1.17 mg/kg per day and is under a complete remission (Fig. 1B).

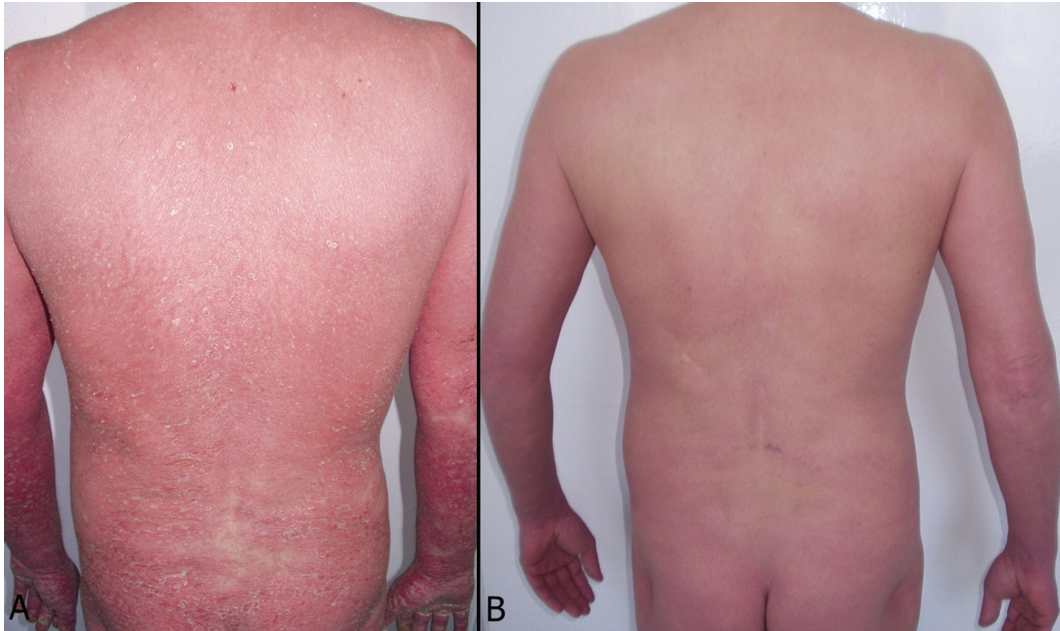


Figure 1. Clinical course of a 42-year-old male with erythrodermic psoriasis before (A) and after 2 months cyclosporin 2.5 – 1.17 mg/kg daily administration. The degree of improvement in PASI scores 85.3 % (B).

Discussion

Because of hepatitis C in the past, we have consciously disqualified treatment with methotrexate, acitretin or with combined therapy, although combined therapy is often used in psoriasis to increase clinical efficacy and to reduce side effects [2]. This case is noteworthy because we have observed clinical improvement at low doses of Cs alone. The degree of improvement in PASI scores was 85.3 % achieved comparatively late, which obtain with relatively low dose of Cs [3]. This case is negatory to papers reporting, that starting with dosages lower than 3.0 mg/kg daily may lead to insufficient efficacy [4] and strengthens reports suggesting minimising potentially harmful side-effects by treatment with initial daily oral dose of 2.5 – 5.0 mg/kg daily, which may be modulated only in a case of insufficient efficacy [5-7].

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