

LETTER

## Tildrakizumab: A new therapeutic option for erythrodermic psoriasis?

Dear Editor,

Erythrodermic psoriasis (EP) is a life-threatening condition characterized by a severe erythema affecting at least 80%–90% of the body surface area.<sup>1</sup> Systemic symptoms such as fever, tachycardia, lymphadenopathy, arthralgia and fatigue can be associated with EP.<sup>1</sup>

Here we describe a case of a 61-year-old man referring to our Department in September 2020. The patient reported a sudden worsening of his long-duration psoriasis (35 years): on clinical examination skin lesions were extended to 90% of body surface area (BSA), for a total Psoriasis Area Severity Index (PASI) of 38 (Figure 1). He also complaint of fatigue and chills. In addition, the patient suffered from hypertension treated with ace inhibitors and obesity. Previous psoriasis treatments included only topicals and heliotherapy. Because of the severity of the disease, the disabling impact on the patient's quality of life and the patient's refusal to conventional therapy for safety concerns, he was screened for biological therapy.

In order to increase patient's compliance to treatment and to give an effective and safe therapy, Tildrakizumab was chosen, due to the lowest number of administrations required among biologics (1 s.c.

injection every 12 weeks after the induction phase), as requested from the patient.

Tildrakizumab at labeled dosage was started (100 mg at weeks 0, 4, and every 12 weeks thereafter). At 4-week follow-up, PASI decreased to 7.8 and BSA to 25%; PASI75 response was rapidly reached (Figure 1). At week 16, a complete resolution of skin lesions (PASI100) was achieved (Figure 1), along with a substantial improvement of the fatigue symptom.

Before the introduction of biologic therapy, first-line options for the treatment of EP were based on traditional systemic therapy: methotrexate, acitretin, and cyclosporine.<sup>2</sup> Later on, the introduction of biologics has provided for faster and safer results for EP: indeed, several case reports support the use of biologic therapy as first-line treatment for EP.<sup>3</sup> Although the severity and the rarity of this condition do not allow the inclusion of EP patients in clinical studies, the current literature is supplying evidences from real world experiences (RWEs). Currently, as pointed out by a systematic review, positive responses have been described in cases treated by different classes of biologics, from anti-TNF- $\alpha$  to anti-IL23.<sup>3,4</sup> Up until now, no case



FIGURE 1 Patient at baseline (T0), 4-week (T4), and 16-week (T16) follow-ups

This is an open access article under the terms of the Creative Commons Attribution License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited.

© 2021 The Authors. *Dermatologic Therapy* published by Wiley Periodicals LLC.




describing EP successfully treated by the latest anti-IL23 approved in Europe,<sup>5</sup> Tildrakizumab, has been described. Here we firstly report a case of a 61-year old man with EP successfully and safely treated by Tildrakizumab. A significant improvement was experienced since the first follow up at week 4, thus giving the patient the possibility to benefit from a better quality of life in a short time of treatment. Although our study reports only a single case of EP treated by Tildrakizumab, further experiences could widen the therapeutical horizons of biologics, even the latest ones, to evaluate their efficacy and safety for EP. In conclusion, our case is part of the literature reports from RWEs that could have a significant role to establish the best therapeutic algorithm and tailored options for EP patients.

#### CONFLICT OF INTEREST

The authors declare no potential conflict of interest.

#### DATA AVAILABILITY STATEMENT

Data sharing not applicable to this article as no datasets were generated or analyzed during the current study.

Matteo Megna   
Luca Potestio  
Gabriella Fabbrocini   
Eleonora Cinelli 

Section of Dermatology, Department of Clinical Medicine and Surgery,  
University of Naples Federico II, Napoli, Italy

#### Correspondence

Matteo Megna, Section of Dermatology, Department of Clinical  
Medicine and Surgery University of Naples Federico II Via Pansini  
5, 80131 Napoli, Italy.  
Email: mat24@libero.it

#### ORCID

Matteo Megna  <https://orcid.org/0000-0003-1803-2046>

Gabriella Fabbrocini  <https://orcid.org/0000-0002-0064-1874>

Eleonora Cinelli  <https://orcid.org/0000-0003-3046-5493>

#### REFERENCES

1. Singh RK, Lee KM, Ucmak D, et al. Erythrodermic psoriasis: pathophysiology and current treatment perspectives. *Psoriasis (Auckl)*. 2016;6:93-104. <https://doi.org/10.2147/PTT.S101232>
2. Rosenbach M, Hsu S, Korman NJ, et al. Treatment of erythrodermic psoriasis: from the medical board of the National Psoriasis Foundation. *J Am Acad Dermatol*. 2010;62(4):655-662. <https://doi.org/10.1016/j.jaad.2009.05.048>
3. Reynolds KA, Pithadia DJ, Lee EB, et al. A systematic review of treatment strategies for erythrodermic psoriasis. *J Dermatolog Treat*. 2021; 32(1):49-55. <https://doi.org/10.1080/09546634.2019.1689228>
4. Megna M, Ruggiero A, Camela E, Fabbrocini G, et al. A case of erythrodermic psoriasis successfully treated with guselkumab. *Dermatol Ther*. 2020;33(2):e13238. <https://doi.org/10.1111/dth.13238>
5. Näslund-Koch C, Zachariae C, Skov L. Tildrakizumab: an evidence-based review of its use in the treatment of moderate-to-severe chronic plaque psoriasis. *Ther Clin Risk Manag*. 2020;16:903-916. <https://doi.org/10.2147/TCRM.S227880>