Safety of systemic psoriasis treatments evaluated in the Swiss Dermatology Network for Targeted Therapies (SDNTT)
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LP is a common chronic inflammatory disorder of skin and mucous membranes whose immunopathogenesis is linked to T cell-mediated cytotoxicity against epidermal keratinocytes. Recently, we identified autoreactive Th1 and Th17 responses in a cohort of LP patients which recognized bullous pemphigoid antigen 180 (BP180) and desmoglein 3 (Dsg3), well-known autotigens of the skin. Of note, BP180-reactive peripheral Th17 cells were significantly increased in LP patients with mucosal and skin lesions. We here studied the clinical efficacy of secukinumab, a monoclonal antibody against IL-17A, in three patients with acute and chronic recalcitrant maco-cutaneous LP. Secukinumab was applied for 11 weeks and the patients were monitored clinically by the Autoimmune Bullous Skin Intensity Score (ABSIS) and immunologically (analysis of lesional cutaneous T cell subsets and peripheral PB180- and Dsg3-specific T cells by immunohistochismetry and Elispot analysis before, during and after secukinumab treatment. After 11 weeks of therapy, all the three LP patients (P1) showed a remarkable clinical resolution of the skin and mucosal lesions with a clear decrease of the ABSIS scores (ABSIS I: P1: 5 to 0, P2: 7 to 2, P3: 3.5 to 1; ABSIS II: P1: 45 to 0, P2: 21 to 0, P3: 11.5 to 0). This was accompanied by a strong reduction of the inflammatory skin infiltrate and a relative decrease of lesional T cell percentages (percentage of CD3+ T cells of all infiltrating cells before therapy: 52.8% +/- 15, after therapy: 39.1% +/- 5.5). Although BP180- and Dsg3-specific Th1 and Th17 cells were detectable throughout the observation period, we could not detect a decrease of autoreactive Th17 cells presenting in mucosal and skin lesions of these patients.

Prevalence, characteristics and burden of pruritus in chronic dermatoses
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Many dermatological conditions are associated with pruritus and in some of them it is a hallmark symptom. Crucial data on its prevalence, characteristics and burden are still missing for many dermatoses. Here, we have analyzed prevalence, characteristics of chronic pruritus, including its distribution patterns (body heatmaps), its burden and the presence of suicidal thoughts in different dermatoses. Unselected patients with active dermatoses, that can be, reportedly, associated with pruritus and control patients with angioedema filled out the study questionnaire. 880 in- and out-patients of dermatology university department with 18 different dermatological diagnoses returned completed questionnaires. Pruritus in the disease course of chronic pruritus were reported by 100%/77% patients with chronic spontaneous urticaria (143), 88%/73% psoriasis (138), 100%/91% atopic dermatitis (AD, 128), 100%/78% chronic indurative urticaria (76), 100%/96% purpura (75), 65%/45% cutaneous T cell lymphoma (112), 60%/59% cellulitis (60), 100%/90% Bowen’s disease (100), 85%/78% vitiligo (94), 28% parapsoriasis en plaque (29), 39%/31% cutaneous T cell lymphoma (26), 100%/80% sarcoidosis (50), 100%/83% leukoplakia (25), 100%/73% lichen planus (79), 82%/64% lichen planus patients (11). The most intense maximal pruritus in patients at day 0 and M36, as well as in patients in CR. However, Dsg-specific B cells were detected in PV patients, corresponding to between 0.1 and 0.6% of CD19+ B cells. Patients' Dsg-specific B cells were lower in number and more distributed between both cohorts. We expect that higher inclusion numbers and more observation time will allow further stratification to individual pathogens.