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 management includes systemic and biologic treatments. This study compared the safety of systemic treatments in 449 patients with moderate to severe psoriasis treated in 25 Swiss dermatology centers. We assessed the frequency of treatment-emergent adverse events (AE) and serious adverse events (SAE) as a function of treatment, age, gender and Psoriasis Area and Severity Index (PASI).

Patient safety was high and similar between treatment cohorts. Treatment-emergent AE were observed in 74% of patients, with gastrointestinal (GI) AE being the most frequent (31%). SAE were few in number and equally distributed between both cohorts. We expect that higher inclusion numbers and more observation time will allow further stratification to subcohorts. These findings show for the first time that mucosal and cutaneous LP rapidly responds to therapeutic inhibition of IL-17A and strongly support the concept that Th17 cells are critically involved in the immune pathogenesis of LP.

The clinical efficacy of IL-17 blockade identifies lichen planus as a Th17-driven skin disorder

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