suppressants, antihistamines, dapsone, pentoxifylline, and intravenous immunoglobulin. Our patient stopped taking cocaine and was treated with thalidomide and systemic steroids. Although the outcome was excellent, significant scarring could not be avoided.

References


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At the same time, new cases of AA have become more frequent in patients undergoing treatment with anti-TNF-α and other biologic therapies. Cases of AA induced by etanercept, infliximab, and adalimumab are being reported. García Bartels et al. were the first to describe adalimumab-induced AA; the patient was a 23-year-old woman who developed AA universalis 2 months after starting treatment. Seven patients have since been described; only 2 had a past history of AA and 3 developed the universalis form. The amount of time from starting treatment with anti-TNF-α to the appearance of AA ranged between 2 months and 2 years. In cases in which adalimumab was withdrawn, no new hair growth occurred in any of the patients studied. Similarly, hair did not regrow on our patient’s plaques.

The mechanism by which TNF-α inhibition induces AA is unknown. In 2005, De Bandt et al. hypothesized, on the basis of 22 cases of anti-TNF-α-induced systemic lupus erythematosus in France, that TNF-α initiates the spread of CD4+ regulatory T lymphocytes that are responsible for maintaining immunological tolerance and preventing autoimmunity. Thus, both AA and other autoimmune processes induced by anti-TNF-α may develop through the inhibition of regulatory T cells. However, whereas all patients with lupus went into remission after the withdrawal of anti-TNF-α, patients with AA do not usually respond.

In this new case of AA associated with adalimumab treatment, the possibility of coincidence cannot be ruled out; however, earlier reports of AA in patients treated with adalimumab and the implication of anti-TNF-α medications in inducing other autoimmune disorders suggest an association between hair loss and the use of this TNF inhibitor.

References


11. De Bandt M, Sibilia J, Le Loët X, Prouzeau S, Fautrel B, Marcelli C, et al. Sistemic lupus erythematosus induced by anti-TNF-α inhibitors in the management of moderate to severe psoriasis, some adverse effects associated with psoriasis have been reported in patients undergoing treatment with these biologic agents. The most frequently described effects are new-onset psoriasis in patients with no history of the disease and exacerbation or modification of the morphology of a previously diagnosed psoriasis. A large percentage of new-onset psoriasis is in the form of pustular psoriasis, mainly affecting the palms and soles, whereas guttate psoriasis is more common in patients with a prior history of the disease. We describe a patient with plaque psoriasis that was being treated with etanercept, who presented an exacerbation due to a change in the morphology of the disease.

Episode of Pustular Psoriasis After a Tuberculin Test in a Patient With Plaque Psoriasis on Treatment With Etanercept

Brote de psoriasis pustulosa después de la prueba de la tuberculina en un paciente con psoriasis en placas en tratamiento con etanercept

To the Editor:

Despite the efficacy of tumor necrosis factor (TNF) inhibitors in the management of moderate to severe psoriasis, some adverse effects associated with psoriasis have been reported in patients undergoing treatment with these biologic agents. The most frequently described effects are new-onset psoriasis in patients with no history of the disease and exacerbation or modification of the morphology of a previously diagnosed psoriasis. A large percentage of new-onset psoriasis is in the form of pustular psoriasis, mainly affecting the palms and soles, whereas guttate psoriasis is more common in patients with a prior history of the disease. We describe a patient with plaque psoriasis that was being treated with etanercept, who presented an exacerbation due to a change in the morphology of the disease.