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COMMENTARIES

Apremilast in Psoriasis[☆]



Apremilast en psoriasis

The authors present the results of a Delphi study conducted in Spain on the use of apremilast in psoriasis.¹ Apremilast is a “small-molecule” oral phosphodiesterase 4 inhibitor that according to its summary of product characteristics is indicated for the treatment of psoriatic arthritis and chronic moderate to severe plaque psoriasis. The position of apremilast in the current arsenal of treatments for psoriasis has been influenced by several factors. First, its limited effectiveness compared with other alternatives; second its adverse effects, which in many cases require withdrawal of treatment due to poor tolerability; and last but not least, its cost, which is similar to that of the most effective biologic drugs available and higher than that of other biosimilars.

The authors, all experts in psoriasis, chose 5 points of interest to analyze using a Delphi questionnaire. After reviewing each point based on the existing literature, the panel concluded that apremilast might be a treatment

option for patients with a different profile to that studied in the clinical trials. They highlight the need for a consensus-based definition of moderate psoriasis, which is where apremilast could possibly be positioned as a treatment option preceding biologic therapy. Finally, they stress the need for more scientific evidence from clinical trials and real-world studies to verify the opinions expressed in this study.

Reference

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Early Syphilis: New Diagnostic Approaches in a Changing Scenario[☆]



Sífilis precoz: nuevas aproximaciones diagnósticas para un escenario cambiante

Syphilis affects millions of people each year, and its incidence has increased year on year over the last 10 years. Traditionally, the diagnostic algorithm for syphilis started with a nontreponemal test (NTT) (rapid plasma reagin [RPR] test or Venereal Disease Research Laboratory [VDRL] test). Only if one of these tests was positive would specific treponemal tests (TTs) (*Treponema pallidum* hemagglutination, fluorescent treponemal antibody absorption, or

T. pallidum particle agglutination tests) be requested for confirmation. In recent years, automated treponemal tests (enzyme-linked immunoassay [EIA] and chemiluminescent immunoassay [CLIA]) have been developed, with high sensitivity, rapid test performance, and observer-independent results. These tests should now be considered for use as screening tools, especially as they are inexpensive.

These developments have led to replacement of the traditional diagnostic algorithm for syphilis (NTTs first then TTs) with others that place emphasis on the automated treponemal tests. Such an algorithm is proposed by the European Centre for Disease Prevention and Control (ECDC) in its most recent update to the guidelines. The recommendation now is to start with an automated TT (EIA and CLIA) and subsequently perform a quantitative NTT (RPR). If the NTT is negative, a second TT different to the one previously used for screening is employed.¹

The new automated techniques also allow measurement of IgM and IgG antibodies specific for *T. pallidum*, which is of particular interest for monitoring therapeutic response as IgM levels decrease rapidly after suitable treatment; these tests are particularly useful for follow-up of response in patients with HIV coinfection.²

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It is essential that dermatologists be aware of the important progress in diagnostic tests and the resulting changes in the diagnostic algorithm for syphilis. The study by García-Legaz Martínez et al.³ highlights how these new diagnostic approaches are extremely useful in everyday clinical practice. Our obligation is to keep up to date in this field, not only because venereology is an essential part of our specialty, but also to avoid mistaken interpretations in tests requested, or diagnostic errors or inappropriate follow-up of our patients.

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