DESENSITISATION PROTOCOL FOR ADALIMUMAB IN ARTHROPATHIC PSORIASIS: A CASE REPORT

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BACKGROUND

Desensitization protocols allow the induction of tolerance to a drug causing hypersensitivity, achieving adequate administration of the treatment and avoiding the loss of a therapeutic alternative.

AIM AND OBJETIVES

To describe a **desensitization protocol** for subcutaneous adalimumab.

MATERIALS AND METHODS

A 51-year-old women diagnosed with arthropathic psoriasis .

→ Failed multiple different lines of treatment (apremilast, secukinumab, adalimumab, etanercept, tofacitinib) due to allergic reactions.

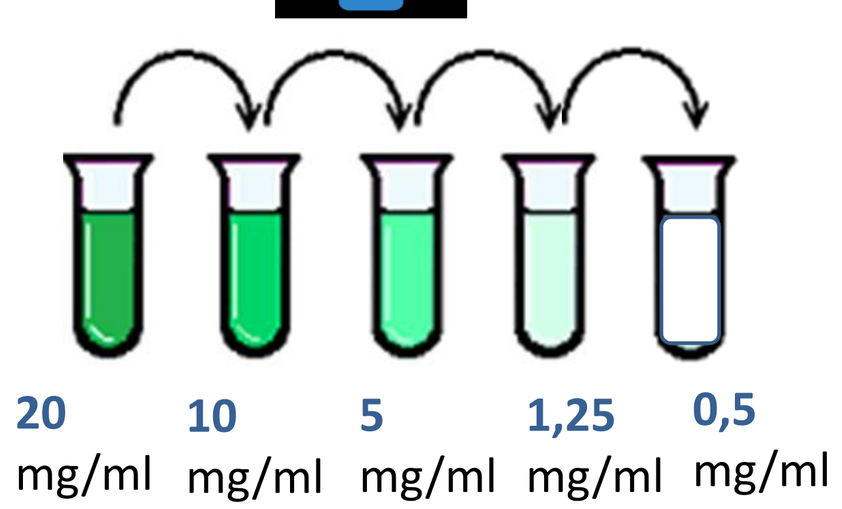
→ Given the limited therapeutic alternatives, adalimumab was restarted, presenting again a hypersensitivity episode represented as a maculopapular eczematous reaction.

→ The allergist proposed a desensitisation regimen to adalimumab to induce tolerance to the drug.

RESULTS

A desensitization protocol (DP) was designed to progressively reach the therapeutic dose of 40 mg:

- The protocol consisted in 6 doses of increasing concentration administered one every 15 days. Doses were prepared from a 40mg/0.8ml vial of adalimumab.
- Dilutions were made with sterile water to prepare 5 solutions of increasing concentration.
- The first three solutions (0.5mg/ml, 1.25mg/ml, 5mg/ml) were obtained by taking 0.5 ml from the vial and diluting with sterile water to a dilution of 5 mg/ml. From this concentration the required doses were obtained.
- The fourth and fifth solutions (10mg/ml, 20 mg/ml) were obtained by taking 0.8 ml from the vial and diluting with sterile water to the final concentration.
- For de sixth dose (40 mg/0.8ml) the entire vial was used and no dilution was required.



DP was administered by the **allergologist** at hospital.

- Premedication consisted of antihistamines and corticoids administered on the same day as the PD. After each administration, the observation time for adverse reactions was at least one hour.
- During the administration cycles the patient had not adverse reactions.
- After the 6 doses of DP, the patient continued with the usual dose of adalimumab 40 mg/0.8ml for 6 months, administered at home.
- No adverse reactions were observed. She showed clinical and analytical improvement, with the prospect of continuing the treatment.

CONCLUSIONS AND RELEVANCE

DP for adalimumab was **successful.** The use of DP allowed an adequate and safe administration of adalimumab, avoiding the loss of a therapeutic line in a patient diagnosed of AP with very few treatment options.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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Case studies - with patient consent