



RISANKIZUMAB IN REFRACTORY HIDRADENITIS SUPPURATIVA TO ANTI-TNF α A CASE REPORT

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Background and importance

Hidradenitis suppurativa (HS) is a skin condition, especially in areas of constant friction, characterized by painful subdermal lesions that generally worsen over time and that have serious repercussions on the quality of life of patients. Risankizumab is a new anti-IL-23 (IgG1) monoclonal antibody authorized and used for moderate to severe psoriasis and with a potential effect on hidradenitis suppurativa refractory to Adalimumab (anti-TNF α).

Aim and objectives

To evaluate the evolution and response of Risankizumab after combined treatment with adalimumab and Resorcinol 15% cream in a severe and refractory hidradenitis suppurativa in a 63-year-old man during 24 months of treatment.

Material and methods

To evaluate the efficacy of Risankizumab, the clinical response was monitored through the resolution of the lesions in the affected areas at 1, 3 and 6 months.

Results

The patient was diagnosed in early 2019. After starting treatment with Adalimumab (loading dose: 160 mg day 0, 80 mg day 14 and 40 mg weekly) for two years, adjuvant treatment with topical Resorcinol 15% (twice a day) was started for last 6 months. Finally it was decided to start treatment with Risankizumab subcutaneous in Jan'2021 (loading dose: 150 mg day 0, 150 mg day 28 and 150 mg after every 12 weeks. Only Adalimumab stopped before starting Risankizumab. After 1 month of dual treatment (Risankizumab & Resorcinol), the patient showed a significant improvement in the skin lesions produced by HS. Two cycles after starting Risankizumab the lesions had resolved by 80%. The patient was followed for the first six months with Risankizumab.

Conclusion and relevance

Risankizumab has proven to be a therapeutic alternative for the treatment of hidradenitis suppurativa beyond glucocorticoids, methotrexate and anti-TNF α . The combination with resorcinol 15% cream seems to have enhanced the effect of Risankizumab, although larger population studies are needed to establish itself as a therapeutic alternative. The role of the hospital pharmacists was to advise the Local Commission on the choice of anti-IL-23 among Risankizumab, Guselkumab and Tildrakizumab, according to the reports reported. This is the first documented case in Andalusia, Spain.

References and/or acknowledgements

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No conflict of interest

