Multiple drugs

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COVID-19, psoriasis vulgaris flare-up and exacerbation of psoriasis vulgaris led to erythrodermic psoriasis: 2 case reports

In a case series, 2 patients (1 man and 1 woman) aged 50–57 years were described; a 50-year-old man developed COVID-19 during treatment with methotrexate for psoriasis vulgaris, experienced psoriasis vulgaris flare-up following cessation of adalimumab while being treated for psoriasis vulgaris, and experienced exacerbation of psoriasis vulgaris led to erythrodermic psoriasis during off-label treatment with hydroxychloroquine and amoxicillin for COVID-19. In addition, a 57-year-old woman developed COVID-19 during treatment with methotrexate for psoriasis [*not all dosages stated; routes and durations of treatments to reactions onsets not stated*].

Case 1: The man with a 20-year history of psoriasis vulgaris presented with erythrodermic psoriasis to the emergency department of hospital. He was admitted. One month prior to the admission, he had been in close contact with a COVID-19-positive patient and developed fever and chills, fatigue, and myalgia shortly after. Chest CT scan showed the typical signs of COVID-19 infection. He had quarantined himself at home for 2 weeks and started receiving off-label treatment with naproxen 250mg tablet (three times a day), hydroxychloroquine 500mg tablet (twice a day), and acetylcysteine [N-acetyl cysteine] effervescent (daily) for 5 days and then off-label amoxicillin 500 mg (three times a day) and off-label azithromycin 250mg (daily) were added to his regimen. He had also delayed receiving adalimumab due to his COVID-19 infection. The patient stated that 2 days after taking amoxicillin and azithromycin, he developed general erythema and pruritus scaling that started from his palms and the soles of his feet with severe paraesthesia. The physical examination revealed fever, weakness, and facial oedematous accompanied by generalised skin redness and desquamation. He had been a known case of psoriasis for about 20 years, and he had been receiving infliximab until 4 years ago and later, his medication was switched to adalimumab, which relatively controlled his condition with occasional mild flare-ups. He started receiving methotrexate 10 years ago, but 6 months ago, it was discontinued due to hepatic cirrhosis [*aetiology not stated*]. Due to his COVID-19 infection, he had skipped one session of his adalimumab therapy, which might have been a reason to this sudden psoriasis vulgaris flare-up. Laboratory evaluation was significant for high lactic acid dehydrogenase. Based on his clinical evaluation, the clinical diagnosis of severe erythrodermic psoriasis was made for him. After initial managements of his condition, he was treated with ciclosporin, prednisone, neostigmine, aciclovir, mometasone and fluticasone propionate. He was discharged in a good condition and symptom free. Up to the time of this report, he has not experienced any psoriasis flare-ups or hospitalisation.

Case 2: The woman with psoriasis was admitted to hospital with generalised oedema and ascites along with general erythrodermic psoriasis lesions on her trunk, face, upper, and lower limbs. She was isolated from other patients because despite her nontypical symptoms, she was suspected to be infected with COVID-19. She had been receiving insulin for diabetes, and for psoriasis, she had been receiving methotrexate for more than 10 years until being diagnosed with hepatic cirrhosis [*aetiology not stated*] a few months ago. On admission, she was treated with betamethasone and clobetasol. A PCR test was obtained from her and confirmed her COVID-19 infection, and she started receiving unspecified treatment for COVID-19. Unfortunately, her COVID-19 condition was rapidly deteriorated and she was admitted to the ICU and she died due to COVID-19.

Behrangi E, et al. Erythrodermic flare-up of psoriasis with COVID-19 infection: A report of two cases and a comprehensive review of literature focusing on the mutual effect of psoriasis and COVID-19 on each other along with the special challenges of the pandemic. Clinical Case Reports 10: e05722, No. 4, Apr 2022. Available from: URL: http://onlinelibrary.wiley.com/journal/10.1002/(ISSN)2050-0904

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