

UC Davis

Dermatology Online Journal

Title

Multiple lentigines in areas of resolving psoriatic plaques after ustekinumab therapy.

Permalink

<https://escholarship.org/uc/item/8418h18w>

Journal

Dermatology Online Journal, 20(4)

Authors

Gutierrez-Gonzalez, E
Batalla, A
de la Mano, D

Publication Date

2014

DOI

10.5070/D3204022338

Copyright Information

Copyright 2014 by the author(s). This work is made available under the terms of a Creative Commons Attribution-NonCommercial-NoDerivatives License, available at <https://creativecommons.org/licenses/by-nc-nd/4.0/>

Letter

Multiple lentiginos in areas of resolving psoriatic plaques after ustekinumab therapy.

Gutiérrez-González E. MD, Batalla A. MD, de la Mano D. MD.

Dermatology Online Journal 20 (4): 18

Department of Dermatology, Hospital San Agustín, Avilés (Asturias), Spain.

Correspondence:

Dr. Enrique Gutiérrez González
Departamento de Dermatología, Hospital San Agustín.
C/ Camino de Heros 6, 33401 .Avilés (Asturias), Spain.
Phone: 34 985123000
e-mail: egutgon@hotmail.com

Abstract

The development of lentiginos in areas previously involved by psoriasis has been reported in the literature, classically related to phototherapy but also to topical products. More recently, some authors have described several cases of lentiginos appearing in resolving psoriatic plaques during or after treatment with anti-tumour necrosis factor (TNF) drugs used to treat severe plaque psoriasis, including adalimumab, etanercept, and infliximab. We report the case of a patient that developed multiple lentiginos after clearance of the plaques of psoriasis receiving treatment with ustekinumab for his psoriasis.

Keywords: lentiginos, ustekinumab, psoriasis.

Case synopsis

We report the case of a 40-year-old patient, Fitzpatrick skin type IV, who presented with multiple lentiginos in areas of resolving plaques of psoriasis after initiating therapy with ustekinumab. He suffered from chronic plaque psoriasis since 15 years. This patient had been previously treated with topical corticosteroids and calcipotriol, systemic acitretin, and methotrexate unsuccessfully. He had never tried phototherapy for personal reasons. Owing to a progressive worsening of his psoriasis, reaching a Psoriasis Area Activity Index (PASI) of 19.6, therapy with subcutaneous ustekinumab 45mg every 12 weeks was started. The patient experienced progressive clearance, reaching a complete remission in four months. Six months after the beginning of the therapy with ustekinumab the patient noted the appearance of asymptomatic small pigmented macules over the areas previously involved by psoriasis. He denied having applied any topical treatment or having received any sun exposure (Figure 1). Multiple grouped but not confluent, brown macules of 2- 3mm, over well-defined, slightly hyperpigmented areas were evident on the trunk and extremities. There were not similar lesions in areas not previously affected by psoriasis or on photoexposed areas. The patient refused skin biopsy.



Discussion

Development of lentigines in areas previously affected by psoriasis after treatment with phototherapy has been frequently reported in the literature [1]. Lentigines may also appear after treatment with topical agents like corticosteroids or vitamin D derivatives [2]. Recently, lentigines have been described after treatment with several anti-TNF agents used to treat psoriasis [3,4,5]. Two of the first cases were described in patients after treatment with etanercept, although both of them had been previously treated with phototherapy. These authors suggested that this pigmentation is inherent to the psoriasis and not related to the therapy used [4]. Another two cases were reported after treatment with adalimumab [3] and infliximab [5], that, as in our case, had never been treated with phototherapy before. We have not found any case of lentigines in areas of psoriasis after ustekinumab therapy, an interleukin-12 and interleukin-23 inhibitor. In resolving psoriatic plaques this pigmentation has been explained as a result of UV-interaction by some authors [1], but also as a kind of post-inflammatory hyperpigmentation by others [2]. However, clearance of lentigines in psoriasis plaques after treatment with topical corticosteroids has also been reported [6]. We agree that the appearance of lentigines is more related to post-inflammatory hyperpigmentation than to the drug, supported by the fact that there are cases associated with different therapies used in psoriasis and not exclusively with a unique drug. Furthermore, we have not found any report of lentigines appearing in patients treated with the same drugs in other inflammatory diseases different from psoriasis, such as rheumatoid arthritis or Crohn disease. It is important to know of this effect; although it does not require an interruption of the treatment, close follow-up is recommended.

References

1. Burrows NP, Handfield-Jones S, Monk BE, Sabroe RA, Geraghty JM, Norris PG. Multiple lentigines confined to psoriatic plaques. *Clin Exp Dermatol* 1994 Sep; 19(5):380-2. [PMID: 7955492]
2. Rogers M. Multiple lentigines confined to a resolving psoriatic plaque, treated without phototherapy. *Clin Exp Dermatol* 1995 Sep; 20(5):446. [PMID: 8593731]
3. Santos-Juanes J, Coto P, Mallo S, Galache C, Sánchez del Río J, Torre JC. Multiple lentigines confined to resolving psoriatic plaques in a patient treated with adalimumab. *Dermatology* 2008; 216(3): 279. [PMID: 18216489]
4. Costa LA, Belinchón I, Betlloch I, Pérez-Crespo M, Mataix J. Multiple lentigines arising in resolving psoriatic plaques after treatment with etanercept. *Dermatol Online J* 2008 Jan 15;14(1):11. [PMID: 18319028]
5. Bardazzi F, Magnano M, Antonucci VA, Balestri R, Sgubbi P, Patrizi A. Lentigines in previous psoriatic plaques in a patient treated with infliximab. *Eur J Dermatol* 2012 Sep-Oct; 22(5): 698-9. [PMID: 22940696]
6. Mahendran R, Norris PG. Multiple lentigines clearing in resolving psoriatic plaques. *Clin Exp Dermatol* 1999 May; 24(3):237. [PMID: 10354187]