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Management of psoriatic lesions associated with anti-TNF therapy in patients with IBD

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We read with great interest the Review by Cleynen and Vermeire (Paradoxical inflammation induced by anti-TNF agents in patients with IBD. *Nat. Rev. Gastroenterol. Hepatol.* 9, 496–503 [2012]).[1] As described by the authors, the outcomes of psoriatic lesions induced or exacerbated by anti-TNF agents are variable. Given that most of the evidence concerning this cutaneous reaction has been obtained from the rheumatological literature,[2–4] disagreement exists as to the need to suspend anti-TNF therapy to achieve complete resolution of these lesions in patients with IBD. Some studies[5,6] (cited by Cleynen and Vermeire) report that the biologic agent should be maintained. On the other hand, the largest study[4] available on this topic reported that discontinuing anti-TNF therapy has been particularly successful in patients with IBD. However, these data must be interpreted with caution because anti-TNF withdrawal can worsen or reactivate symptoms of IBD. Furthermore, a limited number of patients with IBD were evaluated in these studies.[4–6] In this context, our group have conducted three systematic reviews to collect information on this paradoxical phenomenon specifically in patients with IBD.[7–9] To the best of our knowledge, the latest review[9] contains the largest number of patients with IBD and anti-TNF-related psoriatic lesions to date ($n = 222$). In this study,[9] we included data from 47 publications, including most of the cohort studies[5,6,10] cited by the authors. Analysis of this data set demonstrated that patients with IBD who develop psoriatic lesions should be treated using a standard antipsoriatic therapy (for example, topical corticosteroids, emollients or keratolytic therapy) without discontinuing or switching their anti-TNF agent.[9] Discontinuation of anti-TNF therapy should be reserved for patients with lesions covering >5% of their body surface area or with lesions refractory to therapy, and when quality of life is severely impaired.[9] Physicians who deal with these patients should know this data to provide specific management.

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Competing interests
The authors declare no competing interests.

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