

## **S1105 Psoriasis and Eczema Skin Lesions Associated with TNF-Blockade Therapy in IBD: Natural History and Clinical Characteristics**

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**BACKGROUND:** Among cutaneous adverse effects associated with tumor necrosis factor (TNF)  $\alpha$  inhibitors, psoriasis and eczema like lesions are the most frequent.

**AIMS & METHODS:** Our aim was to assess clinical characteristics and outcome of skin disease in patients with IBD presenting with psoriasis and eczema like lesions induced by anti-TNF $\alpha$  agents (infliximab, adalimumab and certolizumab). Cases were collected from 4 centers and systematically reviewed by one dermatologist and one gastroenterologist.

**RESULTS:** We identified 41 patients (35 Crohn's disease, 5 ulcerative colitis; 34 women, 7 men; mean age 27 years) with chronic inflammatory skin lesions (27 psoriasis and 14 eczema like lesions). 27 patients (65%) had a personal or familial history of skin diseases that was most often (16/27) an inflammatory skin disease. Eczema like lesions had variable localization whereas tinea amiantacea and flexural psoriasis were the most commonly seen psoriasis lesions. Skin lesions emerged while IBD was quiescent in 31 patients and were observed with any type of anti-TNF $\alpha$  agents (32 infliximab, 6 adalimumab and 3 certolizumab). All patients were treated with topical corticosteroids and keratolytics. This resulted in partial or total remission in 28 patients and stable skin disease in 7. No follow-up was available in 6 patients. In patients with psoriasis, switching once or twice the anti-TNF $\alpha$  was systematically associated with recurrence of the lesions (16/16). Switching was less frequent for eczema like lesions and the recurrence rate was lower (2/5). Definitive cessation of TNF $\alpha$  inhibitors due to skin lesions was necessary in 7 patients.

**CONCLUSION:** In this cohort, inflammatory skin lesions induced by anti TNF $\alpha$  inhibitors were characterized by (1) strong association with female gender, (2) high frequency of personal or familial history of skin disease, (3) absence of correlation with intestinal disease activity, (4) lack of improvement of psoriasis lesions after switching the anti-TNF $\alpha$  and (5) need for anti-TNF $\alpha$  cessation in 17% of patients.