

Liver Abnormalities Accompany Pustular Psoriasis

BY BETSY BATES

Los Angeles Bureau

PARIS — At least one abnormal biologic liver parameter was found in 20 of 22 patients with generalized pustular psoriasis, highlighting a previously underestimated connection between liver involvement and the disease, French researchers reported at the European Congress on Psoriasis 2004.

Extracutaneous manifestations, such as arthritis and mucosal involvement, of pustular psoriasis are well recognized.

Although liver abnormalities have been noted in isolated cases, the full extent of liver involvement has not been fully explored, noted Manuelle A. Viguier, M.D., of the department of dermatology at Saint-Louis Hospital in Paris.

Liver tests were performed on 22 consecutive patients admitted to the hospital for a flare of their generalized pustular psoriasis; tests were done at the time of the flare and several weeks later.

Patients with abnormal biologic tests (bilirubin, v-glutamyl transferase, alkaline phosphatase, aspartate aminotransferase, or alanine aminotransferase serum counts) underwent a more extensive liver work-up, which included a drug intake analysis,

serologic detection of hepatitis B virus and hepatitis C virus infections, abdominal ultrasound examination, liver histology, and endoscopic retrograde cholangiopancreatography or magnetic resonance cholangiopancreatography.

Abnormal biologic liver tests were a very common finding at the time of a psoriasis flare, occurring in nearly all patients.

Half of the 22 patients studied had pronounced abnormalities: jaundice in 4, v-glutamyl transferase higher than four

times the normal value in 10, alkaline phosphatase higher than twice the normal value in 7, and transaminases higher than three times the normal value in 7.

"These abnormalities returned to [the] normal range at the time of remission of pustular psoriasis and relapsed when new cutaneous attacks occurred," the researchers noted in their poster.

Liver biopsies revealed neutrophilic cholangitis. Magnetic resonance studies showed features characteristic of scleros-

ing cholangitis in three of four patients who underwent such examinations.

"Biliary involvement related to neutrophilic cholangitis should be added to the spectrum of extracutaneous manifestations of this disease, and physicians should be aware of such complications in order to avoid both invasive liver investigations [that aren't useful] and withdrawal of drugs with potentially deleterious consequences on the course of the disease," Dr. Viguier said. ■

Psoriasis Flare Unpredictable But Manageable

LAS VEGAS — When patients newly diagnosed with psoriasis ask Elaine C. Siegfried, M.D., what they can expect, she offers up her usual response.

"I say, 'The only thing predictable about psoriasis is that it's unpredictable,'" Dr. Siegfried said at a dermatology conference sponsored by the Skin Disease Education Foundation.

This notion is highly applicable to flare, a term used to indicate worsening of psoriasis during or after treatment. Flare "reflects the unpredictable nature of psoriasis and potential for environmental triggers," said Dr. Siegfried of St. Louis University.

The biologic agent efalizumab (Raptiva) may increase the risk of flare in a subset of patients, she said. Two types of flare have been described in patients taking the drug: localized flare that occurs during therapy, appears at new sites, and remains localized; and generalized flare, which occurs more often in nonresponders.

Flare may occur with efalizumab "slightly more than other drugs, but it certainly occurs with other [biologics] as well," Dr. Siegfried emphasized, adding that flaring is not a phenomenon that's unique to efalizumab.

"There are lots of triggers that make psoriasis worse in a subset of patients," she added. "Strep throat is one." Other anecdotal triggers that she has observed in her patients include naproxen, hydrochlorothiazide, acute sinusitis, and Eucerin.

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