

Reports on Scientific Meetings

HKSDV Scientific Live Webinar

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Psoriasis patient management under Covid-19

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Although psoriasis itself is not associated with increased risk of Covid-19 infection, its association with cardiovascular diseases and metabolic comorbidities is well-known, thus rendering such patients at a higher chance of severe outcomes if infected with Covid-19. The use of immunosuppressive treatments for psoriasis further complicates the picture. Classic immunosuppressants may induce lymphopenia and inhibit the immune response to viral infection, therefore the use of cyclosporine, methotrexate and anti-tumor necrosis therapy should be carefully considered. On the other hand, acitretin and phototherapy seem to be the safest option. For biologic agents, there is no evidence that its use increases the risk of Covid-19 infection.

In the consideration of commencement of immunosuppressive agents for psoriasis patients, the American Academy of

Dermatology (AAD) recommends deferring the start in high risk patients who are older than 60 years old or those with comorbidities including diabetes, hypertension, liver or kidney problems, cardiovascular diseases, respiratory illnesses and internal malignancies. For low-risk patients, it is recommended to assess each case individually.

The continuation of biologics in psoriasis patients under Covid-19 pandemic remains controversial. Discontinuation or reduction in immunomodulatory regimen should be considered for patients with any active infection, history of infection while on biologics, high risk patients with comorbidities, concomitant immunosuppression and in those with high risk of exposure to Covid-19. Nevertheless, one should keep in mind that stopping biologic therapy may result in psoriasis flare, a loss of response when resumed and the formation of anti-drug antibodies.

In the unfortunate event of Covid-19 infection, most authorities recommend discontinuation of immunosuppressive or biologic treatment until the patient recovers completely.

Learning points:

The management of psoriasis patients requiring systemic immunosuppressive treatment or biologics should be considered carefully on a case-to-case basis.