

## Dinner Symposium on Simple Solution for Complex Immune Disease

Reported by CY Jeung 蔣頌儀

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Hong Kong  
Organiser: The Hong Kong College of  
Dermatologists

### Role of anti-TNF in treating dermatological related immune disease: Psoriasis

Speaker: Ka-keung Ho  
Dermatologist, Private Practice

Psoriasis is a systemic immune-mediated disorder, characterised by chronic inflammatory condition, not limited to skin and joint manifestations. Psoriasis has various comorbidities e.g. psoriatic arthropathy and cardiovascular disease. Tumour Necrosis Factor (TNF) alpha plays a central role in the pathogenesis. Unfortunately, the comorbidities are often overlooked or left untreated.

The five main types of psoriatic arthropathy include asymmetric oligo-articular, symmetric polyarticular, distal interphalangeal predominant, arthritis mutilans and spondylitis. There may be arthralgia, dactylitis, enthesitis, psoriatic skin and nail involvement. No definitive test can be used to diagnose psoriatic arthropathy. Physical examination, medical and family history, blood tests e.g. rheumatoid factor and uric acid level; radiological investigations e.g. X-rays and MRI may help to accurately diagnose psoriatic arthritis. Anti-TNF therapy

has been shown to manage psoriatic arthropathy effectively.

Patients with severe psoriasis have increased risk of myocardial infarction and mortality. Various studies showed that anti-TNF therapy might decrease myocardial infarction risk in psoriasis patients. Current guidelines recommend physicians to screen for cardiovascular risk factors in psoriasis patients, but there is insufficient evidence to recommend any specific anti-TNF therapy based on the cardiovascular risk factors.

#### **Learning points:**

Anti-TNF therapy has been shown to be an effective therapy in managing moderate to severe psoriasis and psoriatic arthropathy. Comorbidities in psoriasis patients such as cardiovascular risk factors should not be overlooked.

## **Role of anti-TNF in treating dermatological related immune disease: Hidradenitis suppurativa**

Speaker: Kurt Gebauer  
Dermatologist, Australia

Hidradenitis suppurativa (HS) is a chronic relapsing disease, characterised by inflammatory nodules, abscess, sinus tracts, fistula and scarring in intertriginous areas.

Autosomal dominant pattern of inheritance was identified in HS with candidate genes on chromosomes six and nine. The severity of disease was found to be associated with body mass index and smoking. Diagnosis of the disease is made clinically. The pathognomonic features of the disease are follicular hyperkeratosis, hyperplasia of follicular epithelium and perifollicular inflammation. Hurley stages and Sartorius score are the commonly used severity assessment measures in HS.

HS affects patients' quality of life as it is a painful condition and causes lots of embarrassment associated with odour. Various treatment options were available to control the disease e.g. topical and oral antibiotics, retinoid, intralesional and systemic steroid, anti-androgen therapy, systemic immunosuppressant, surgical treatment and TNF antagonist. Adalimumab is a TNF antagonist with successful results in phase 3 clinical trials, indicated for moderate to severely active HS in adult patients who did not response to conventional treatment.

### **Learning points:**

Hidradenitis suppurativa frequently impairs patients' quality of life. If patients with severe HS did not respond to conventional therapies, TNF antagonist may be one of the treatment options.