



## 2021 Annual Spring Virtual Meeting | Abstract Submission

### **Divergent Local Reactions to Treatment of Psoriasis**

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A 57-year-old Caucasian woman presented to clinic with a 20-year history of severe psoriasis and psoriatic arthritis. She was started on infliximab 5 mg/kg infusions with initial clearing, but subsequently she suffered a guttate flare. She was switched to etanercept which yielded a response for 15 months, after which caused another guttate flare, during which the areas of uninvolved skin where Etanercept was injected developed new plaques of psoriasis (Koebner phenomenon). The patient was switched to Adalimumab 40mg weekly injections; oral Cyclosporine was also added to her regimen due to inadequate response. When this therapy was no longer effective, she was put on Efalizumab; at this time her psoriasis covered nearly the entire cutaneous surface. When Efalizumab proved ineffective, she was restarted on Adalimumab with concurrent Methotrexate. Injection of Adalimumab into her confluent psoriasis resulted in islands of clearing, producing what could be termed a “negative Koebner reaction” (Panel A). After this, she experienced another erythrodermic flare. She was then switched to Ustekinumab which gave her fairly good control of her psoriasis over the course of the next 3 years. She was eventually started on Ixekizumab, which has kept her nearly clear for the last 3 years. The presence of Koebner phenomenon is an indication that an underlying cutaneous disease is being activated and acts as a marker for higher disease activity. It is important that dermatologists and family medicine physicians understand the underlying pathophysiology and clinical significance of the Koebner phenomenon as it relates to disease severity and onset.

