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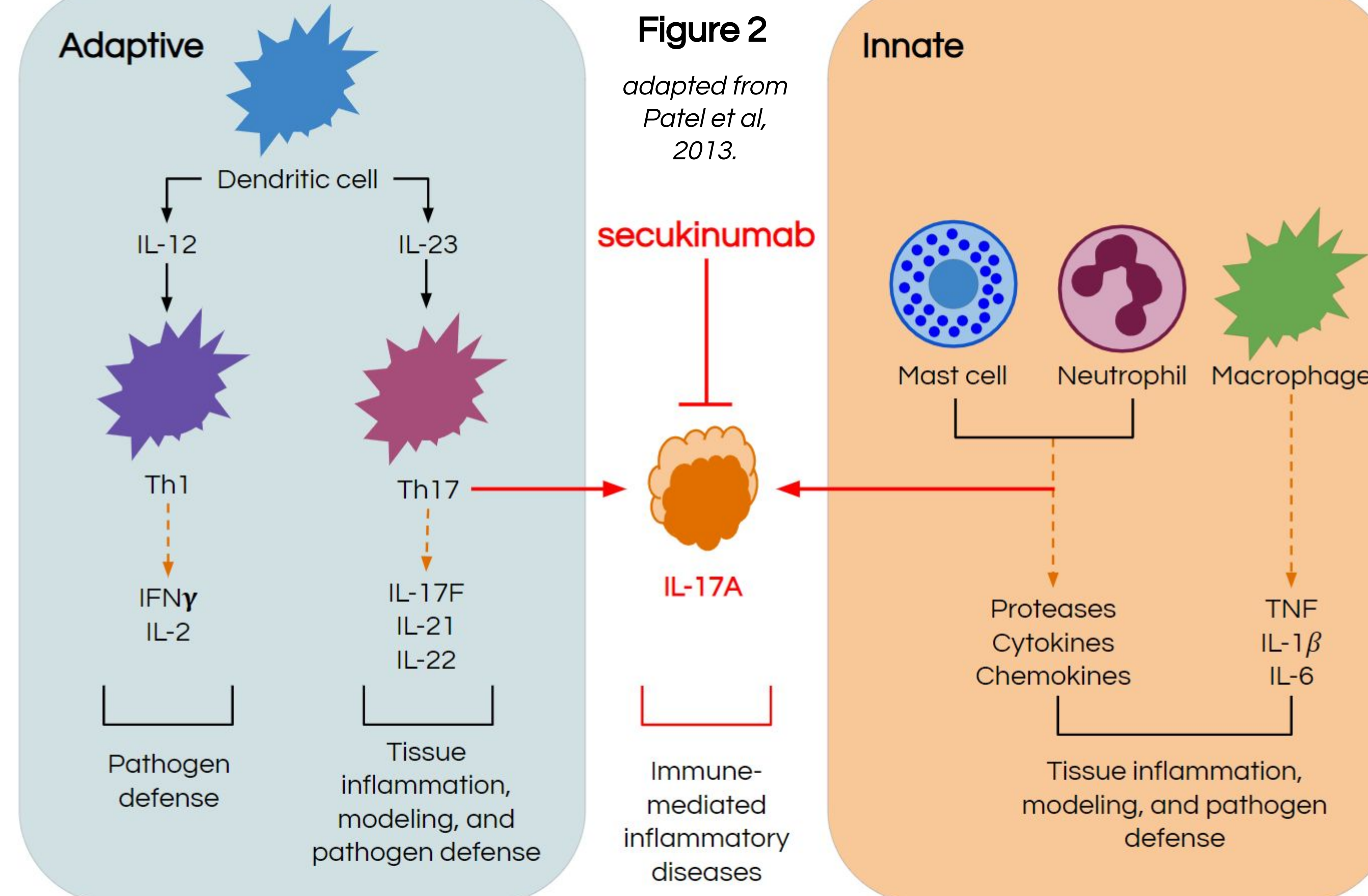
Objective

- IL-17 is implicated in host defense against fungal infections.¹
- We report a case of median rhomboid glossitis (MRG) likely induced by secukinumab therapy which improved with oral antifungal therapy.
- This case underscores the importance of routine dermatological oral examination, especially in patients undergoing treatment with an IL-17A blocker.

Case

A 41-year-old male was started on **secukinumab (Cosentyx®)** for psoriatic arthritis.

- **3 months later**, he presented with odynophagia and a shiny red patch on the posterior dorsal tongue with an overlying, central white plaque (**Figure 1**).
- **KOH prep** revealed fungal hyphae with an overall clinical picture consistent with **median rhomboid glossitis**.
- Symptoms resolved with a 2-week course of oral fluconazole and he was maintained on secukinumab.



Discussion

Secukinumab is indicated for the treatment of psoriasis, psoriatic arthritis, and ankylosing spondylitis.

- IL-17A inhibitors, including secukinumab, are associated with an increased risk of fungal infections, including candidiasis, due to targeted suppression of IL-17 (**Figure 2**), which is implicated in host defense against fungal infections.¹ This is a rare occurrence (0.1–3.2 events/100 patient years with secukinumab)¹ and often does not preclude treatment.

Median rhomboid glossitis is a variant of erythematous oral candidiasis that's characterized by a central rhomboid or elliptical area of erythema and atrophy of the tongue dorsum².

- It was previously thought to be a **developmental anomaly**, however, it is now considered to be a result of oral *Candida albicans* infection given increased colonization rates in patients with MRG and due to the lack of cases in pediatric patients^{2,3,4}.

The clinical presentation of MRG is much more subtle than thrush, and thus a high index of suspicion must be maintained by the clinician for prompt recognition and treatment, especially if accompanied by symptoms concerning for esophagitis.

References

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