Dermatology Practical & Conceptual

New-Onset Blepharitis in Patient Treated with Secukinumab for Severe Psoriasis

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Case Presentation

A 63-year-old woman with a 4-year history of severe psoriasis presented for recurrence despite initial clinical improvement with brodalumab, started 2 years previously. She was switched to another interleukin-17 inhibitor (anti-IL-17), secukinumab, and rapid clearance of the erythematous-desquamative plaques was observed after 4 months. In the meantime, however, the patient developed significant eyelid impairment. On examination, the eyelids were mildly edematous, slightly oozing with marked erythema and scaling. The patient denied using any eye drops or cosmetics, so allergic contact dermatitis was ruled out. She had no history of atopic dermatitis. Treatment with topical corticosteroids slightly improved eyelid lesions in two weeks. An eczematous reaction to an anti-IL-17 drug was suspected and the therapy was changed to an IL-23 inhibitor (risankizumab), observing a fast remission of the skin lesions.

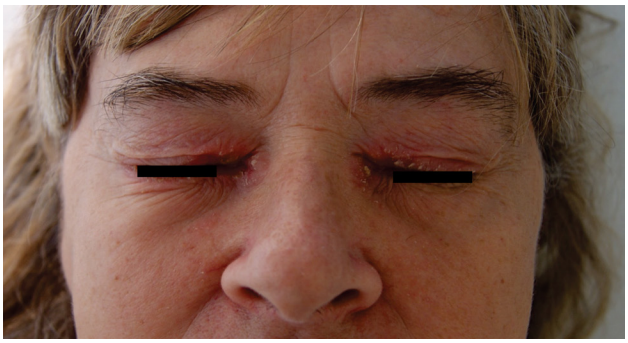

Figure 1. Erythema and slight edema of the eyelids with flaking scales, which developed 4 months after the initiation of secukinumab for treating psoriasis.

Teaching Point

In the literature is reported that eczema could be an adverse event (AE) of IL-17 inhibitors. Regarding blepharitis, other cases reported argue that it could be a class AE of IL17A inhibitors: these cytokines are essential for antimicrobial peptide production on the skin surface and their targeting can result in an overgrowth of microorganisms such as *Malassezia*, which might contribute to the development of eyelid dermatitis [1]. In case of severe eczematous reaction to anti-IL-17, some authors suggest discontinuing therapy and switching to a different drug class such as IL-23 inhibitors [2]. This is a valuable option for eyelid dermatitis that does not clear with topical therapy or often recurs after treatment is stopped.

References

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4. Alsenaid A, Piguet V, Lansang P, Miller-Monthrope Y, Yeung J, Joseph M. Brodalumab-Induced Eczematous Reactions in Psoriasis Patients: Management With Switching to Risankizumab. *J Cutan Med Surg.* 2023;27(3):236-240. DOI: 10.1177/12034754231167140. PMID: 37014149.**Figure 1**. Erythema and slight edema of the eyelids with flaking scales, which developed 4 months after the initiation of secukinumab for treating psoriasis.