SYSTEMIC SCLEROSIS PATIENTS WITH CONCOMITANT PSORIASIS: A PROOF-OF-CONCEPT PILOT STUDY

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Background: Psoriasis and Systemic Sclerosis (SSc) are chronic inflammatory diseases characterised by a systemic immunological response which is mainly driven by activated T helper (Th) Th1/Th17 lymphocytes. Further, genomewide association studies (GWAS) in SSc have demonstrated an association at PSORS1C1, the same gene linked to psoriasis susceptibility.

Objectives: Evaluate the clinical significance of a correlation between Scleroderma and Psoriasis

Methods: From April 2014 to April 2017, we enrolled 180 consecutive patients with a diagnosis of SSC fulfilling 2013 ACR/EULAR classification criteria. Patients with Localised Scleroderma (Morphea) had to have a diagnostic skin biopsy before inclusion. Patients satisfying VEDOSS criteria were also included. Patients with psoriasis had a dermatologist-proven diagnosis.

Results: 11/180 (6.1%, 95% IC:0.03–2.9) with scleroderma had a dermatologist-proven diagnosis. The average value of modified Rodnan Skin Score (mRSS) was curiously low (0.5), limited cutaneous (lcSSc) 5 patients, Morphea 3 patients, Very Early Systemic Sclerosis (VEDOSS) 2 patients, and diffuse cutaneous disease (dcSSc) 1 patient. Anti-citrullinated antibodies were detected in 5/11 patients; antinuclear antibodies, with negative extractable nucleic antigens in 4/11. Anti-topoisomerase I was found in two cases.

Conclusions: Psoriasis was significantly associated with SSc (p=0.014), with a 2-fold higher frequency than that observed in general population (3%). Psoriasis +SSc represent a further increased risk of CV disease. Th17 seems to play a crucial role in the pathogenesis of both diseases.

REFERENCES: