ABSTRACT

Long-term Cyclosporin Therapy for Psoriasis

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Eighty-four patients (mean age 43; range 18–76; M:F 18:35) with severe chronic plague psoriasis have been treated with CyA for 1-72 months (mean 18.5 months). The mean reduction in PASI score for the group was 69%. The mean maintenance dose of CyA was 3.3 (range 2-5) mg/kg/day. Continuous treatment with CyA was required for 35 (42%) patients in order to control psoriasis, whereas 32 (38%) patients were managed with intermittent courses. CyA was ineffective in 5 patients, defined a failure to control psoriasis on CyA 5 mg/kg/day. CyA was withdrawn in 13 cases because of: renal impairment (n=5); relative contra-indication with high-dose NSAID for arthritis (n = 2); severe nausea (n = 1); death (n = 1); noncompliance and infrequent attendance (n=4). Three patients have developed malignancies. Hypertension (systolic BP >160 mmHg or diastolic BP >90 mmHg) developed in 27 (32%) patients with the onset at between 0.5 and 62 months (mean 11.5 months). Hypertension was reversible when CyA was discontinued. Glomerular

filtration rate estimation fell 16% from a mean (SD) value of 110 (23.9) ml/min prior to commencing CyA to 94 (29) ml/min after treatment, 24 (28.9%) patients had >25% fall in GFR with the mean time of onset 22 months (range 3-65 months). The GFR improved in all patient when CyA was stopped for one month, but the GFR did not return to its pretreatment value in 12 of the 24 patients. A correlation between the fall in GFR and length of treatment with CvA was seen (r=0.41; P, 0.05). 17 (20%) of the patients had a rise in their serum creatinine rate >30% of the baseline value, and 12 (14%) had a rise >50%. A correlation between duration of treatment with CyA and rise in serum creatinine was demonstrated (r = 0.49; P, 0.05). 8 patients who have been treated with CyA underwent renal biopsy after an average of 60 months (range 48-66). 6 of the 8 biopsies showed some evidence of CyA nephrotoxicity, but only in 2 were the changes serious enough to warrant discontinuing CyA.