

## CME MCQ – 26

### CME MCQ – Systemic Combination Treatment for Psoriasis: A Review

The following questions are based on a review article *Acta Derm Venereol* 2010; 90: 341–349. Peter Jensen et al.: Systemic Combination Treatment for Psoriasis: A Review.

Patients with moderate-to-severe psoriasis often depend upon systemic combination therapy for varying periods of time to achieve and sustain disease remission.

- The advantages of combination therapy are (identify the correct statements below):
  - Reduced dosages of the individual agents
  - Reduced total costs
  - Reduced side effects
  - Ameliorating the effects of one drug with a second drug
  - Achieving an additive or synergistic effect
  - None of the above
- Currently available therapeutic combinations with reportedly successful outcomes in trials or several case reports include:
  - Methotrexate (MTX) and cyclosporine
  - Retinoids and phototherapy
  - Eternacept and acitretin
  - Eternacept and narrowband ultraviolet B
  - Anti-TNF- $\alpha$  and MTX
  - Cyclosporine and mycophenolate mofetil
- Some combination regimens are considered contraindicated (indicate combinations to be avoided):
  - Psoralen + ultraviolet A (PUVA) and a retinoid
  - Cyclosporine and PUVA
  - Methotrexate and PUVA
  - Eternacept and MTX
  - Eternacept and acitretin
  - MTX and a retinoid

## CME MCQ – 27

### CME MCQ – Serological Studies in Bullous Pemphigoid

The following questions are based on a review article *Acta Derm Venereol* 2010; 90: 115–112. by Stefania Leuci et al.: Serological Studies in Bullous Pemphigoid: A Literature Review of Antibody Titers at Presentation and in Clinical Remission.

Bullous pemphigoid (BP) is associated with the production of antibodies to 230 kDa and 180 kDa proteins. Nine reports containing data from 143 patients were reviewed. All patients had a clinical diagnosis of BP, had sub-epidermal blisters detected by routine histology, and had positive direct immunofluorescence (IIF) studies of perilesional skin.

- Circulating antibodies were analysed, prior to treatment, by IIF and/or enzyme-linked immunosorbent assay (ELISA) and/or immunoblotting. Indicate the percentage of patients with at least one positive serological test:
  - 100%
  - 98.2%
  - 82.2%
  - 56.4%
  - 33.6%
  - 11.9%
- The review aimed to answer the following question: “Does the nature of treatment influence the antibody titer at the end of therapy and during follow-up?” Indicate the conclusions drawn by the authors:
  - “Taken collectively, a definitive influence of initial and subsequent therapy on the IIF and ELISA results during clinical remission cannot be made.”
  - “The data is scanty, incomplete and lacks sufficient detail.”
  - “There is a trend to suggest that the incidence of lower titer of antibodies was observed in patients treated with corticosteroids and/or immunosuppressive agents compared with these on other anti-inflammatory agents.”
- The review drew several conclusions based on the analysis of data from different studies. Indicate the conclusions drawn:
  - “There is a high incidence of the presence of anti-BMZ antibodies in patients with BP prior to the initiation of therapy.”
  - “When the patients are in apparent clinical remission 30–50% have the presence of detectable levels of anti-BMZ antibodies, although the titers are decreased.”
  - “The data provided by the investigators individually and collectively do not permit meaningful analysis of the correlation between the disease severity and the levels of anti-BMZ antibodies.”
  - “Since standardisation of the ELISA test, it has been very easy to monitor the treatment of bullous pemphigoid patients.”
  - “The correlation between anti-basement membrane zone antibodies and the clinical course of bullous pemphigoid requires further and long-term studies.”

Recommended answers to CME MCQ 26: 1. A, C, E; 2. A, B, C, D, E, F; 3. B, C. Note: MTX/retinoid combinations should be administered with caution, as life-threatening hepatotoxicity has been reported in patients receiving this combination.  
Recommended answers to CME MCQ 27: 1. C; 2. A, B, C; 3. A, B, C, E