

## Psoriasis Is Not a Contraindication for Alpha Interferon Treatment in Patients with Chronic Hepatitis C

About 50% of patients with chronic hepatitis C, treated with alpha interferon (IFN) for 24 weeks (1), show normalization of serum transaminase levels. Relapse among responders is common, but about one quarter of the patients treated have a sustained remission so that this treatment modality is significant. Alpha IFN is a naturally occurring glycoprotein which was initially recognized for its anti-viral properties. Alpha IFN has also been found to have anti-proliferative and immunomodulatory properties (2-4).

The major side-effects of alpha IFN treatment can be subdivided into three categories: systemic flu-like symptoms, bone marrow suppression and autoimmune phenomena, such as the appearance of asymptomatic auto antibodies, autoimmune thyroiditis (5), or autoimmune thrombocytopenia (6).

Aggravation of psoriasis is a rare side-effect of alpha IFN treatment that usually leads to cessation of this treatment. We would like to report a patient in whom alpha IFN treatment led to recurrent flare-ups of psoriasis. However, the continuation of alpha IFN treatment associated with topical anti-psoriasis treatment resulted in the improvement of liver transaminase levels as well as the clearing of the psoriatic skin lesions.

### CASE REPORT

A 34-year-old Caucasian male, who had been wounded in 1982, received multiple blood transfusions (20 units) during treatment. In 1991 he was diagnosed as suffering from chronic hepatitis C based on elevated liver enzymes, anti hepatitis C antibodies (Anti HCV), HCV RNA and liver histology. In March 1991 treatment with recombinant alpha IFN (Roferon, Hoffman La Roche) ( $3 \times 10^6$  units three times a week) was initiated. Within 2 months serum transaminase levels were within normal limits.

Since childhood the patient had suffered from mild plaque-type psoriasis which did not require specific treatment. Prior to the alpha IFN treatment he had no complaints regarding the skin disease.

One week after starting alpha IFN treatment, the patient experienced a flare-up of the psoriasis. At that time we decided to continue the alpha IFN treatment and to treat the skin lesion topically with Alphosyl cream (an alcoholic extract of coal tar 5%, allantoin 2%, Stafford Miller, USA). In spite of continued alpha IFN treatment, the skin lesion resolved. Three months later the patient developed a more severe flare-up of his skin disease. Topical treatment was not helpful and the alpha IFN treatment was stopped; improvement of the psoriasis was seen within 3 to 4 weeks. However, transaminase levels, which were normal during treatment, increased to about 200 units. Alpha IFN treatment was restarted for 4 months; no evidence of psoriatic flare-up was noted, and the transaminase levels returned to normal.

### DISCUSSION

The relationship between alpha IFN treatment and psoriasis has yielded somewhat variable clinical results. Flare-up of psoriasis during alpha IFN treatment has been described in several case reports (7-9). In another case report (9), one patient showed a clear relationship between the alpha IFN dose and the appearance of psoriasis. It is interesting to note that there have been attempts to treat psoriasis with alpha IFN (10). Our case demonstrates that alpha IFN treatment need not be discontinued automatically in patients with psoriasis, as suggested by others (11). In cases where alpha IFN is of benefit for hepatitis C, continuation of alpha IFN treatment in spite of flare-ups of psoriasis may be justified.

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