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Spesolimab as treatment option for refractory Acrodermatitis Continua of Hallopeau

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Introduction & Objectives:

Acrodermatitis continua of Hallopeau (ACH) is a rare dermatological disorder characterized by recurrent sterile pustules, primarily located on the fingers and toes. If left unmanaged, it can result in significant nail deformities and may lead to complications such as osteitis and mutilation.

Materials & Methods:

We present a 59-year-old female diagnosed with severe refractory ACH since 2014. The condition initially manifested as a subungual pustule beneath the patient's left thumb and subsequently progressed to extensive pustular lesions affecting all fingernails and distal joints. The patient exhibited drumstick-like swelling of the fingertips, absent nail structures, pus-filled blisters, crusts, and small ulcerations in the nail region, as well as dyshidrotic vesiculae on both soles. Additionally, the patient had a history of type 2 diabetes, osteoarthritis, and arterial hypertension.

Results:

The patient initially received methotrexate, which was discontinued due to adverse effects and lack of efficacy. Following this, she was treated with various systemic therapies *(acitretin, fumaric acid esters, glucocorticoids, methotrexate, cyclosporine),* several biologics *(ustekinumab, secukinumab, adalimumab, ixekizumab, guselkumab, apremilast, anakinra, infliximab, risankizumab, brodalumab, bimekizumab, tildrakizumab)*, Janus kinase inhibitors *(tofacitinib, upadacitinib),* and a combination of both *(risankizumab and tofacitinib)*. The patient was refractory to all therapies. In January 2025, we administered 900 mg of spesolimab intravenously. The treatment was well tolerated and resulted in notable improvements. Subsequently, we administered 900 mg of spesolimab intravenously three times, followed by subcutaneous injections of 300 mg every four weeks. The skin and nail findings improved significantly, demonstrating improvements in the Dermatological Life Quality Index (DLQI) score from 11 to 6, the modified Nail Psoriasis Severity Index (mNAPSI) from 32 to 8, and the Pustular Psoriasis Severity Index (PPASI) from 8 to 0.8. Arthralgia symptoms also improved. After the second dose, the patient noted signs of effluvium, which were subsequently treated with topical minoxidil.

Conclusion:

This case highlights the successful application of spesolimab, a targeted IL-36 inhibitor, as a novel treatment option for a patient suffering from severe refractory acrodermatitis continua of Hallopeau (ACH). To the best of our knowledge, this is the first case of treating acrodermatitis continua of Hallopeau (ACH) with subcutaneous spesolimab.The emergence of effluvium as a potential side effect following treatment necessitates careful monitoring and emphasizes the importance of reporting such findings. To enhance our understanding of the long-term safety and efficacy of spesolimab in ACH and related dermatological conditions, further investigations and the establishment of patient registries are essential.