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Long-term management of chronic generalized pustular psoriasis with subcutaneous spesolimab: A case report

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Introduction & Objectives: Generalized pustular psoriasis (GPP) is a rare inflammatory skin disease characterized by the widespread eruption of sterile pustules associated with systemic inflammation. Life-threatening complications may manifest during flare episodes and persistent symptoms can occur throughout the course of the disease, both requiring strategies for long-term continuous management.

Materials & Methods: This case report describes the clinical course and treatment of a 72-year-old female patient who presented with a GPP flare characterized by erythroderma and generalized, widespread pustules on her face, trunk and extremities, accompanied by skin pain, fever, and chills. The patient had 1 previous GPP flare and her past medical history was notable for chronic obstructive pulmonary disease, chronic kidney disease, vascular dementia, type 2 diabetes, and diverticulitis. Her second flare persisted for 1 month before she sought treatment and was subsequently hospitalized for multiorgan failure due to systemic inflammation. On Day 3 of her hospitalization, she was treated with 900 mg intravenous (IV) spesolimab, followed by a second 900 mg dose 7 days later. After discharge, she started receiving subcutaneous (SC) spesolimab 300 mg every 4 weeks, with her first SC dose occurring 27 days after her second IV dose.

Results: The patient had rapid and significant pustular clearance and improved systemic symptoms within 2 days of her first IV spesolimab dose. Her severe erythroderma decreased to moderate. However, her hospital course was complicated by a severe leukemoid reaction, new onset hypothermia, acute kidney injury, elevated lactic acid levels, and pulmonary edema, which were attributed to unchecked systemic inflammation due to her prolonged untreated flare, and were treated with a short course of cyclosporine from Days 5–10 of her hospitalization. After a second IV spesolimab dose, her skin symptoms completely cleared, and her pain was relieved. However, her overall QoL and capacity for activities of daily living remained poor due to her prolonged hospitalization and systemic complications. After flare resolution, at her 1.5-month follow-up after her first SC dose, the patient presented with clear skin, minimal erythema, and some dryness/xerosis. She continued therapy with SC spesolimab, and to date (~11 months), has had no recurrence of GPP flares and has reported no treatment-related adverse events. Symptoms of mild, diffuse superficial desquamation appeared in the days leading up to each successive spesolimab dose, but these symptoms resolved completely after administration.

Conclusion: This case underscores the importance of treating GPP early and the need for continuous management of GPP as a chronic disease. Learnings from this case also highlight the favorable efficacy and tolerability of both IV and SC doses of spesolimab in treating GPP flare and GPP when not experiencing a flare. Continuous therapy with SC spesolimab improved clinical outcomes and reduced ongoing disease burden for this patient by targeting the persistent and underlying skin and systemic symptoms of GPP.