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A case of generalized pustular psoriasis with capillary leak syndrome successfully treated with spesolimab

Masahiro Kamata\*<sup>1</sup>, Yoshiki Okada<sup>1</sup>, Shoya Suzuki<sup>1</sup>, Ayu Watanabe<sup>1</sup>, Chika Chijiwa<sup>1</sup>, Ryosuke Takeshima<sup>1</sup>, Azusa Hiura<sup>1</sup>, Yayoi Tomura<sup>1</sup>, Saki Fukaya<sup>1</sup>, Kotaro Hayashi<sup>1</sup>, Atsuko Fukuyasu<sup>1</sup>, Takamitsu Tanaka<sup>1</sup>, Takeko Ishikawa<sup>1</sup>, Yayoi Tada<sup>1</sup>

<sup>1</sup>Teikyo University School of Medicine, Dermatology, Tokyo, Japan

Introduction & Objectives: The efficacy of spesolimab for skin lesions in the acute phase of generalized pustular psoriasis (GPP) has been reported, but there have been no reports demonstrating its efficacy for capillary leak syndrome in GPP patients. We experienced a case of GPP with capillary leak syndrome successfully treated with spesolimab.

Materials & Methods: Not applicable.

Results: The patient was a 40-year-old woman with no history of psoriasis vulgaris. She initially presented with a sore throat and left-sided neck pain, followed by the development and progressive spread of erythema across her entire body, accompanied by a fever of 38 degree Celsius and pustule formation. On her first visit, dark red erythematous maculopapules were observed over the entire body, some of which were accompanied by pustules. A skin biopsy, including pustular lesions, revealed Kogoj spongiform pustules. Despite discontinuation of both antimicrobial agents and the suspected causative drug, her symptoms did not improve, and she was diagnosed with GPP. On the day after her initial visit, treatment with etretinate was initiated, followed by ixekizumab the next day. However, fever and skin eruptions persisted, and hypoxemia developed four days later. On the same day, spesolimab and granulocyte and monocyte adsorption apheresis therapy were administered, leading to an improvement in hypoxemia by the following day. Her skin eruptions, fever, and edema rapidly improved, and laboratory findings showed significant reductions in white blood cell count and C-reactive protein levels. Serum albumin levels gradually increased. One week later, a second dose of spesolimab was administered, and oxygen therapy was discontinued on the same day. The patient was discharged one week thereafter.

Conclusion: This case demonstrates the effectiveness of spesolimab in treating capillary leak syndrome associated with generalized pustular psoriasis.

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