EA DV CONGRESS
PARIS 17-20 SEPTEMBER 2025
EUROPEAN ACADEMY OF DERMATOLOGY & VENEREOLOGY

Abstract N°: 2231

Investigation of Hepatitis B Reactivation Risk in Psoriasis Patients with Prior HBV Exposure Under Immunosuppressive Therapy

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Introduction & Objectives:

Psoriasis vulgaris is a chronic inflammatory skin disease characterized by erythematous, scaly plaques. Treatment options include conventional agents such as Methotrexate (MTX), Cyclosporine, and Acitretin, as well as biologics targeting cytokines like TNF-alpha, IL-12/23, IL-17, and IL-23. These agents, which act on various immunological pathways, can lead to the reactivation of latent infections. Case reports in the literature indicate that patients receiving immunosuppressive therapy with a history of HBV infection may develop HBV reactivation and even acute liver failure, despite having antibodies against HBV. This study aimed to retrospectively evaluate whether HBV reactivation occurred during MTX or biologic treatment in psoriasis patients previously exposed to HBV. The findings may help clinicians manage treatment more safely in this population and offer clearer guidance on the need for antiviral prophylaxis.

Materials & Methods:

Patients aged between 18 and 70 years who received MTX or biological therapy for psoriasis vulgaris at our clinic between October 2022 and March 2025 were included in the study. Among these, patients who were Anti-HBcIgG positive (indicating prior exposure to HBV) were selected. The treatments they had received, their durations, concurrent antiviral prophylaxis, and laboratory data including HBsAg, Anti-HBs, and HBV DNA levels were recorded. HBV reactivation was defined as either a ≥1 log increase in HBV DNA levels or seroconversion to HBsAg positivity. Alanine aminotransferase (ALT) levels and the clinical status of the patients were also evaluated.

Results:

Of the 98 patients included in the study, 64 (65.3%) were male and 34 (34.7%) were female. The mean age was 56.8 years, and the mean treatment duration was 26.1 months. The current treatments used by the patients included: Ixekizumab (22.4%), Secukinumab (19.4%), MTX (15.3%), Risankizumab (13.3%), Ustekinumab (10.2%), Guselkumab (10.2%), Adalimumab (7.1%), Cyclosporine (1.0%), and Certolizumab (1.0%). HBV reactivation occurred in 5.1% (n=5) of patients, on average after 15.6 months of treatment. Reactivation rates by drug were: MTX 13.3% (n=2), Guselkumab 10.0% (n=1), Ixekizumab 4.5% (n=1), Secukinumab 5.3% (n=1); no reactivation was observed in patients on other treatments. There was no statistically significant difference in HBV DNA positivity among the treatment groups ($p > 0.05$). Patients who were HBsAg positive had a significantly higher rate of HBV DNA positivity ($p < 0.05$), while those with Anti-HBs positivity had a lower rate, which approached statistical significance ($p = 0.050$). Although the rate of HBV DNA positivity slightly increased with longer cumulative drug exposure, this correlation was not statistically significant ($r = 0.35$, $p = 0.359$). Advanced diagnostics and gastroenterology consultations were performed for patients with reactivation, and none developed acute liver failure.

Conclusion:

Previous studies investigating HBV reactivation under immunosuppressive therapy have reported rates ranging from 0% to 14.8%. In our study, this rate was 5.1%, which may vary depending on the patient's HBV serological

status, the immunosuppressive agent used, and the duration of therapy. HBV screening, monitoring, and prophylaxis, when necessary, are essential during treatment in this patient population.