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Topic: Psoriasis

Successful Treatment of Moderate-to-Severe Psoriasis with Guselkumab in a Patient with Child–Pugh C Alcoholic Liver Cirrhosis

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Introduction

Management of psoriasis in patients with advanced liver disease remains challenging due to contraindications and safety concerns associated with conventional systemic therapies. Data on the use of biologic agents, particularly IL-23 inhibitors, in patients with decompensated cirrhosis are extremely limited.

Materials and Methods

This poster presents a single-patient case report. Clinical data were collected retrospectively from medical records, including demographic characteristics, psoriasis severity assessed using the Psoriasis Area and Severity Index (PASI), prior and current systemic treatments, and laboratory parameters. Liver disease severity was classified according to the Child–Pugh scoring system. Liver function tests were monitored regularly throughout treatment. Guselkumab was administered according to standard dosing recommendations. Clinical response and safety outcomes were evaluated during follow-up in collaboration with the hepatology department.

Results

We describe a 51-year-old male patient with long-standing plaque psoriasis and decompensated alcoholic liver cirrhosis classified as Child–Pugh C. Conventional systemic antipsoriatic therapies were contraindicated due to advanced liver disease. Treatment with bimekizumab was considered; however, initiation was not approved following hepatology consultation because of safety concerns. The patient was subsequently treated with secukinumab but showed an inadequate clinical response.

Following multidisciplinary evaluation involving dermatology and hepatology specialists, treatment with guselkumab was initiated. At baseline, the Psoriasis Area and Severity Index (PASI) score was 14. After two doses of guselkumab, a marked clinical improvement was observed, with the PASI score decreasing to 5, and continued improvement during follow-up.

Importantly, liver function tests did not worsen during treatment. On the contrary, a gradual improvement in hepatic enzyme levels was observed over the follow-up period. No episodes of hepatic decompensation, serious infections, or treatment-related adverse events were reported.

Conclusions

This case suggests that guselkumab may be an effective and well-tolerated therapeutic option for psoriasis in selected patients with Child–Pugh C liver cirrhosis, even after failure or contraindication of other biologic therapies. The observed stabilization and improvement of liver enzyme levels further support the potential hepatic safety of IL-23 inhibition in this high-risk population. Given the limited available data, larger studies and long-term follow-up are needed to better

define the role of IL-23 inhibitors in patients with advanced liver disease.