



Abstract N°: ID-674

Topic: Autoimmune disorders

Periungual Injection of the Novel IL-17A Inhibitor Xeligekimab Combined with Tofacitinib for Acrodermatitis Continua of Hallopeau (ACH): A Prospective, Real-World, 12-Week Study

Anqi Liu^{*1}, Zhiying Yu¹, Meng Wang¹, Shaohui Geng², Ying Yang¹, Chen Li¹

¹Shenzhen People's Hospital(The First Affiliated Hospital, Southern University of Science and Technology;The Second Clinical Medical College,Jinan University), Department of Dermatology, Shenzhen, China

²Beijing University of Chinese Medicine, School of Life Science, Beijing, China

Introduction

Acrodermatitis continua of Hallopeau (ACH) is a localized clinical variant of pustular psoriasis that predominantly affects the distal phalanges of the fingers and toes. It is characterized by sterile periungual and subungual pustulation, paronychia, and onychodystrophy, which may progress to osteolysis, pain, and atrophy of the distal phalanx¹. Due to the rarity of the disease, standardized therapeutic guidelines are currently lacking, rendering the management of ACH a significant clinical challenge.

Materials and Methods

This 12-week, single-center study enrolled 14 adults with ACH refractory to prior therapies, involving ≥ 3 nails. Exclusions included contraindications to xeligekimab or any ACH-directed treatments within the 4-week pre-enrollment washout period (covering all topical and systemic therapies). Participants received periungual injections of xeligekimab (0.1 mL per affected nail, biweekly) plus oral tofacitinib (5 mg twice daily). Assessments occurred at baseline and Weeks 2, 4, 6, 8, 10, and 12. Table 1 shows baseline cohort characteristics (n = 14). The study protocol was approved by the local Institutional Review Board (IRB), and written informed consent was obtained from all participants.

Treatment-emergent adverse events (TEAEs) were documented throughout the study period. At each visit, standardized clinical photography was performed to document morphological changes and evaluate the severity of nail damage. Clinical scoring was conducted by independent reviewers using the Nail Psoriasis Severity Index (NAPSI) and the ACH Physician's Global Assessment (ACHPGA). The ACHPGA scale ranges from 0 (clear) to 4 (very severe), with a score of 0 or 1 defined as 'clear' or 'almost clear.' The clinical improvement rate was calculated after each treatment session using the following formula: Improvement Rate=(Baseline NAPSI-Current NAPSI)/Baseline NAPSI.During the study, the use of any concomitant topical or systemic therapies was strictly prohibited. Efficacy endpoints included the proportion of patients achieving a $\geq 50\%$ reduction (NAPSI 50) and a $\geq 75\%$ reduction (NAPSI 75) in NAPSI scores at Week 12. Additionally, changes from baseline in ACHPGA scores and the Dermatology Life Quality Index (DLQI) were evaluated.

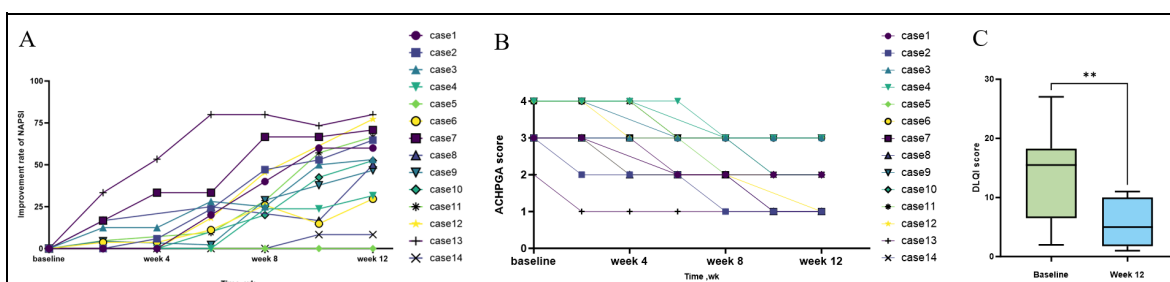
Table 1. Baseline Patient Characteristics

Patient No./sex/age of onset,y	Disease Duration, mo	Previous treatments	Comorbidities	Concomitant Psoriasis	No. of Affected Nails	NAPSI	ACHPGA	Smoking	Drinking
1/F/33	12	Topical ointments/creams	None	No	3	20	3	Yes	No
2/F/30	14	Topical ointments/creams	Rhin sinusitis	No	6	34	3	No	Yes
3/M/42	30	Topical ointments/creams; Tofacitinib; Upadacitinib	Diabetes mellitus; Pustulosis	No	7	62	3	Yes	No
4/F/39	12	Topical ointments/creams; Apremilast	Pustulosis; Dermatitis/Eczema	Yes	10	76	4	No	No
5/F/34	10	Acitretin; Cyclosporine; Topical ointments/creams; NB-UVB; Tofacitinib; Secukinumab	Otitis media	Yes	10	80	4	No	No
6/F/33	9	Acitretin; Topical ointments/creams	Rhin sinusitis	Yes	7	54	4	No	No
7/F/28	24	Topical ointments/creams	Pustulosis; Rhin sinusitis; Tonsillitis	No	4	24	4	No	No
8/F/35	9	Topical ointments/creams	Thyroid disease	No	4	18	3	No	No
9/F/44	24	Acitretin; Topical ointments/creams; Apremilast	Otitis media	No	7	36	4	No	No
10/F/22	38	Topical ointments/creams; Tofacitinib; Upadacitinib	Pustulosis	No	10	80	4	No	No
11/F/35	9	Methotrexate; Topical ointments/creams; Tofacitinib	None	Yes	5	40	4	No	No
12/M/33	42	Acitretin; Topical ointments/creams	None	No	3	22	3	Yes	No
13/F/22	144	Acitretin; Cyclosporine; Topical ointments/creams; Apremilast; Secukinumab	None	No	4	14	3	No	No
14/F/27	24	Acitretin; Topical ointments/creams; Apremilast; Upadacitinib	Pustulosis	No	3	24	4	No	No

Results

A total of 14 patients were enrolled in this study, comprising 12 females and 2 males. The mean age at disease onset was 32.5 years, and the median number of affected nails was 6. All participants had a definitive diagnosis of ACH. Regarding comorbidities, 4 patients presented with concomitant psoriasis, and 6 had a history of localized chronic inflammatory diseases. 3 patients were active smokers, while only 1 reported alcohol consumption. In terms of treatment history, 6 patients were biologic-naïve, whereas 8 had previously received biologics or small-molecule inhibitors.

In this real-world study, all enrolled patients (n = 14) completed the 12-week follow-up. At week 12, 64.2% of patients (n = 9) achieved NAPSI 50, and 14.3% (n = 2) achieved NAPSI 75. Furthermore, 35.7% (n = 5) of patients achieved a ACHPGA score of 'clear' or 'almost clear'. The longitudinal improvement in clinical manifestations is illustrated in Figures 1A and 1B. Additionally, a significant reduction in DLQI scores was observed at week 12 following treatment ($P < 0.05$; Figure 1C). Regarding safety, no serious adverse events (SAEs) were reported during the study period. Among the 14 patients, adverse events were limited to upper respiratory tract infections in 3 cases and injection site pain in 1 case. The majority of participants reported either no pain or only mild discomfort at the injection site, and all demonstrated good adherence to the injection protocol.



(A) Improvement rate from baseline in Nail Psoriasis Severity Index(NAPSI) scores through weeks. (B) Change from baseline in ACH Physician Global Assessment (ACHPGA) scores through weeks. (C) Comparison of

Dermatology Life Quality Index(DLQI) scores between baseline and post-12-week treatment. Boxes include the median and interquartile range.**P<0.05 by Student's t-test

Conclusions

This preliminary study demonstrates that periungual xeligekimab combined with tofacitinib is an effective and well-tolerated therapeutic strategy for refractory ACH, offering significant improvements in both nail signs and quality of life.

EADV Symposium 2026 – Athens
07 MAY - 09 MAY 2026
POWERED BY M-ANAGE.COM

