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Successful Treatment of Concomitant Psoriasis and Morphea With Bimekizumab After Failure of Conventional Therapies: A Case Report

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Introduction

Psoriasis is a chronic immune-mediated inflammatory skin disease, whereas morphea is a localized fibrosing disorder with distinct immunopathogenic mechanisms. The coexistence of psoriasis and morphea in the same patient is rare and may pose diagnostic and therapeutic challenges, particularly in cases refractory to conventional systemic treatments. Evidence regarding biologic therapies effective for both conditions remains limited.

Materials and Methods

A 42-year-old female with a history of psoriasis since the age of five had been followed at an external center prior to her first presentation to our clinic in 2019. She presented with annular, atrophic plaques on the trunk. Skin biopsies were obtained from these atrophic plaques with preliminary diagnoses of mycosis fungoides and morphea, as well as from psoriatic plaques to confirm the diagnosis of psoriasis. Histopathological examination revealed findings consistent with morphea in the atrophic plaques and psoriasis in the psoriatic lesions.Based on these findings, methotrexate therapy was initiated in 2020 at a dose of 7.5 mg/week and subsequently increased to 10 mg/week during follow-up. The patient was lost to follow-up in 2021. She re-presented in May 2025 with exacerbation of both morphea and psoriatic lesions, reporting irregular methotrexate use at doses up to 15 mg/week. According to the patient's history, the cumulative methotrexate dose was approximately 1.5 g. There was no nail or joint involvement. Dermatological examination revealed violaceous, shiny plaques with central atrophy consistent with morphea, along with active psoriatic plaques on the trunk. The Psoriasis Area and Severity Index (PASI) was 6.7, and the Dermatology Life Quality Index (DLQI) score was 18.

Results

Due to active disease under conventional therapy and significant impairment in quality of life, transition to biologic therapy was planned. Given the patient's difficulty with treatment adherence and reduced quality of life related to frequent injections with methotrexate, bimekizumab was initiated following appropriate screening. The treatment regimen consisted of 320 mg administered subcutaneously every four weeks for the first 16 weeks, followed by maintenance dosing every eight weeks.At the second month of follow-up, complete clearance of psoriatic lesions was achieved (PASI 0), along with a marked reduction in induration and atrophy of existing morphea lesions. During the eight-month follow-up period, no new morphea lesions developed, and improvement in both conditions was sustained. No adverse events or laboratory abnormalities were observed.

Conclusions

This case demonstrates the successful and well-tolerated use of bimekizumab in a patient with long-standing psoriasis and concomitant morphea refractory to conventional systemic therapy. Dual inhibition of IL-17A and IL-17F may

represent a promising therapeutic option for managing overlapping inflammatory and fibrosing skin disorders while preventing new morphea lesion development.