

BIOLOGIC THERAPY IN PSORIATIC ARTHRITIS MUTILANS

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Dear sir,

Arthritis *mutilans* is a rare but aggressive form of psoriatic arthritis that particularly affects the small joints of the hands and feet. It is characterized by osteolysis of phalanges and exuberant joint destruction, usually with preservation of neurovascular structures and tendons¹.

The use of traditional DMARDs in this clinical situation has been disappointing. The description of the use of biotechnological agents in mutilating arthropathy is still very scarce, with only two publications found in the literature^{2,3}.

The authors wish to share their experience with the use of an anti-TNF agent in arthritis *mutilans*. We describe a case of a male patient, aged 39-year-old when first seen in our Rheumatology department. He had had the diagnosis of psoriatic arthritis for about 20 years. Despite the NSAID and conventional DMARD treatment with methotrexate, he developed a significant deforming destructive arthropathy of the hands, typical of a mutilating form, with telescoping of the right 4th and 5th fingers and the left 4th finger⁴. Laboratory findings revealed persistently high biological parameters of inflammation (mean ESR around 41mm and mean PCR 2.19 mg/dL).

The patient started treatment with etanercept at a dose 50 mg/week in combination with methotrexate and has been treated yet for two years, with normalization of the acute phase reactants, improvement of functional capacity with an mean initial HAQ of 1.5 and last HAQ of 0 and no progression of radiographic lesions (Figures 1 and 2).

Despite the absence of scientific evidence regarding the treatment of *mutilans* arthropathy with anti-TNF therapies, experience with these drugs in other clinical forms of psoriatic arthritis and the progressive destructive evolution with consequent functional impairment in a young patient led us to consider this treatment in this case, with apparent stabilization and no adverse effects to report, so far.



Figure 1. Hand radiography (2008) – Articular destruction of several interphalangeal joints



Figure 2. Hand radiography (2010) – Stabilization of radiological lesions

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