

MODERATE-TO-SEVERE PSORIASIS IN AN HIV-POSITIVE PATIENT TREATED WITH TILDRAKIZUMAB – CASE REPORT

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Summary

The treatment of psoriasis in patients with HIV infection represents a therapeutic challenge due to the potential impact on immune status and the risk of opportunistic infections.

We present the case of a 33-year-old male patient with chronic plaque psoriasis and well-controlled HIV infection under antiretroviral therapy, treated with tildrakizumab. At treatment initiation, the Psoriasis Area and Severity Index (PASI) score was 16 and the Dermatology Life Quality Index (DLQI) score was 14. Immunological parameters showed a CD4+ lymphocyte count of 512 cells/mm³ and an undetectable viral load.

After 3 months of treatment, the patient achieved a PASI 90 response, with significant clinical improvement and enhanced quality of life, without adverse reactions. Immunological status remained stable, with a CD4+ count of 528 cells/mm³ and persistently undetectable viral load. This case supports the efficacy and safety of IL-23 inhibitors in carefully monitored HIV-positive patients.

Keywords: psoriasis, HIV, tildrakizumab, biologic therapy, IL-23.

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Introduction

The management of moderate-to-severe psoriasis in HIV-infected patients remains challenging because of the potential impact of systemic therapies on immune function. [1, 3, 4]

In recent years, biologic therapies, particularly interleukin-23 inhibitors, have demonstrated a favorable efficacy and safety profile in the general population. [2, 5] However, data regarding their use in HIV-positive patients remains limited. [1, 3, 4]

Careful assessment of risks and benefits is essential in this category of patients, [1, 3, 4] and re- porting clinical cases contributes to expanding the experience with these therapies.

Case Presentation

We present the case of a 33-year-old male patient with severe chronic plaque psoriasis diagnosed in 2010 and human immunodeficiency virus (HIV) infection, undergoing antiretroviral therapy since 2016 with Dolutegravir 50 mg and Lamivudine 300 mg.

At the initial evaluation, the patient presented with a moderate-to-severe form of disease, with a PASI score of 16 and a DLQI score of 14, without involvement of special areas. Immunological parameters revealed a CD4+ lymphocyte count of 512 cells/mm³ and an undetectable HIV viral load (<50 copies/mL). Biologic treatment with Tildrakizumab was

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initiated in February 2025, according to the standard dosing regimen.

Clinical evolution and treatment safety were monitored at 3 and 6 months, including assessment of immunological parameters.

At the 3-month evaluation, the patient achieved a PASI 90 response, with significant improvement of skin lesions and corresponding improvement in quality of life. Immunological parameters remained stable, with a CD4+ lymphocyte count of 528 cells/mm³ and persistently undetectable viral load.

During follow-up, no adverse reactions, including opportunistic infections, were recorded, and biological parameters remained within normal limits.

The favorable clinical outcome was maintained at the 6-month evaluation, without significant changes in immunological status.

Discussions

The treatment of psoriasis in HIV-positive patients represents a therapeutic challenge, mainly because of the theoretical risk of additional immunosuppression and the occurrence of opportunistic infections. [1, 3, 4]

In this context, the use of biologic therapies requires careful patient selection as well as rigorous monitoring of immunological parameters. [1, 3, 4] Interleukin-23 inhibitors, such as Tildrakizumab, have demonstrated a favorable efficacy and safety profile in the general population; [2, 5] however, data regarding their use in HIV-infected patients remains limited. [1, 3, 4]

In the present case, the patient had a stable immunological status at therapy initiation, with a CD4+ lymphocyte count of 512 cells/mm³ and an undetectable viral load, which remained stable throughout follow-up. After 3 months of treatment, CD4+ values remained stable (528 cells/mm³), while the viral load continued to be undetectable, suggesting the absence of a negative impact of biologic therapy on HIV infection control.

Moreover, the absence of abnormalities in routine laboratory investigations, including liver function tests remaining within normal limits, further supports the safety profile of this therapy

in the absence of significant systemic adverse effects.

The favorable clinical evolution, demonstrated by achieving a PASI 90 response and maintaining it at 6 months, in the absence of adverse reactions or opportunistic infections, supports the safety profile of this therapy under appropriate monitoring conditions.

Data from the literature regarding the use of biologic therapies in HIV-positive patients is still limited; however, existing reports suggest similar outcomes, particularly in patients with well-controlled infection under antiretroviral treatment. [1, 3, 4]

The present case supports the hypothesis that IL-23 inhibitors may represent an effective and safe therapeutic option in carefully selected patients with stable immunological status and under multidisciplinary supervision. [1,3,-5] Collaboration between the dermatologist and the infectious diseases specialist is essential for optimizing the management of these patients. [1, 3, 4]

Conclusions

Biologic therapy with IL-23 inhibitors may represent an effective and safe option for the treatment of moderate-to-severe psoriasis in HIV-positive patients with controlled infection.

The present case highlights the achievement of a significant clinical response, in the absence of adverse reactions and without impact on immunological parameters.

Careful patient selection, periodic monitoring, and interdisciplinary collaboration are essential for achieving favorable outcomes.



Figures 1 and 2. Erythematous-squamous plaques with typical multilayered white scales characteristic of psoriasis, located on the lower limbs.



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Conflict of interest
NONE DECLARED

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