

Erosions of Psoriatic Plaques Due to Methotrexate

Erosões em Placas de Psoríase Induzidas pelo Metotrexato



Leandro SILVA^{✉1}, Alexandre MIROUX CATARINO¹, João TELES SOUSA¹
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Figure 1 – Cutaneous exudative erosions on psoriatic plaques

A 41-year-old healthy man from Guinea-Bissau with severe psoriasis and psoriasis area and severity index of 38 initiated weekly treatment with methotrexate (20 mg *per os*). Four days later, he presented with painful exudative skin erosions covering some psoriatic plaques (Fig. 1).

Previous laboratory tests were normal, but after the drug was initiated showed haemoglobin 12.5 g/dL, leucopenia $1.6 \times 10^9/L$ (66% neutrophils), raised erythrocyte sedimentation rate (69 mm/h) and raised C-reactive protein (22.1 mg/dL). Serum methotrexate level was below $0.04 \mu\text{mol/L}$.

A cutaneous biopsy revealed a cytotoxic reaction with dyskeratotic keratinocytes superimposed with psoriasis.

Acute toxicity due to methotrexate prompted drug inter-



Figure 2 – One week after drug interruption

ruption and folinic acid initiation. This led to the resolution of both clinical signs and blood test results within one week (Fig. 2).

Erosions due to methotrexate can occur in psoriatic and non-psoriatic patients.¹⁻⁴ This rare side effect can precede pancytopenia and drug discontinuation is crucial.^{1,2}

As methotrexate is stored in the cells, serum levels are unreliable and rescue measures with folinic acid should be initiated regardless of drug blood levels.²⁻⁴

AUTHORS CONTRIBUTION

LS: Case description and discussion.

AMC, JTS: Critical review of the work.

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1. Department of Dermatology. Hospital de Egas Moniz. Centro Hospitalar de Lisboa Ocidental. Lisboa. Portugal.

✉ Autor correspondente: Leandro Silva. leandrofilipe@hotmail.com

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