5.6: LONGITUDINAL FOLLOW-UP OF ARTERIAL STIFFNESS IN PATIENTS WITH SEVERE PSORIASIS TREATED BY ANTI-IL12/IL-23 COMPARED TO ANTI-TNF ALPHA

Hakim Khettab, Manuelle Viguier, Idir Hamdidouche, Hervé Bachelez, Pierre Boutouyrie

To cite this article: Hakim Khettab, Manuelle Viguier, Idir Hamdidouche, Hervé Bachelez, Pierre Boutouyrie (2017) 5.6: LONGITUDINAL FOLLOW-UP OF ARTERIAL STIFFNESS IN PATIENTS WITH SEVERE PSORIASIS TREATED BY ANTI-IL12/IL-23 COMPARED TO ANTI-TNF ALPHA, Artery Research 20:C, 61–61, DOI: https://doi.org/10.1016/j.artres.2017.10.052

To link to this article: https://doi.org/10.1016/j.artres.2017.10.052

Published online: 7 December 2019
5.6 LONGITUDINAL FOLLOW-UP OF ARTERIAL STIFFNESS IN PATIENTS WITH SEVERE PSORIASIS TREATED BY ANTI-IL12/IL-23 COMPARED TO ANTI-TNF ALPHA

Hakim Khettab 1, Manuelle Viguier 2, Idir Hamdidouche 3, Hervé Bachelez 1, Pierre Boutouyrie 4.1,3

1Assistance Publique Hôpitaux de Paris, France
2CHU Reims, France
3INSERM U970, France
4Université Paris Descartes, France

Patients with chronic severe psoriasis are at increased cardiovascular risk (CVR). Modern systemic treatments of psoriasis involve anti-TNF alpha (ATNF) and more recently introduced anti-IL12/IL-23 (ustekinumab, AIL12/23) which, by interfering with IL-17, a possibly vasculoprotective cytokine, may increase CVR. We characterized large arteries remodeling and stiffness during longitudinal follow-up under ATNF and AIL12/23.

We included 31 patients. Follow-up was 13 ± 3 months with a mean number of 3 visits. Patients were treated either by ATNF (n = 13) or by AIL12/23 (n = 18). Mean age was 49 (27–71) 50% were females, 89% were overweight, 55% smokers and 32% (well controlled) hypertensives. Patients did not differ for severity scores of psoriasis or baseline characteristics. Carotid to femoral pulse wave velocity (PWV) and central pressure (applanation tonometry), carotid PWV and IMT (echotracking) were measured at each visit. Blood pressure and heart rate did not change with either treatment. Carotid diameter did not change during follow-up, IMT increased more with AIL12/23 than in ATNF group (diff. ± 18 months 75 μm, p = 0.10). Carotid distension and carotid distensibility decreased significantly under AIL12/23, whereas it increased with ATNF, independently of BP. Carotid PWV and CF-PWV increased independently of BP with AIL12/23 and decreased with ATNF (18 months diff. +1.60 m/s and +1.15 m/s, p < 0.05, respectively).

We documented an increased in stiffness and hypertrophy of large arteries during longitudinal follow-up of patients under antinterleukin 12/23 treatment for psoriasis, compared to antiTNFalpha. Whether this is due to a protective effect of ATNF and/or adverse effect of AIL12-23 remains to be determined.