

Case Report

Multiple Widespread Warts due to Etanercept Treatment in a Psoriatic Patient: A Case Report*

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Abstract

Observations: Herein we described a 39 year-old-man with psoriasis who developed multiple widespread warts during etanercept treatment. Although cutaneous viral infections such as herpes simplex, herpes zoster or varicella, related to etanercept has been described as a rare adverse events from clinical trials data, wart or verrucae was not reported before for except one case. Only one case with verrucae related to etanercept was reported before to our knowledge. Multiple warts was developed in our patient after 5th dosing etanercept, so it seems to be an adverse reaction related to etanercept. Dermatologists should be aware of this potentially adverse event in patients treated with etanercept.

Introduction

Etanercept is a tumor necrosis factor antagonist (TNF) that inhibits TNF activity by competitively binding to it and preventing interactions with its cell surface receptors and is currently for psoriasis, psoriatic arthritis, ankylosing spondylitis, rheumatoid arthritis and juvenile rheumatoid arthritis [1, 2, 3]. Clinical trials have shown this agent to have an excellent safety profile and to be well tolerated by both adult and pediatric patients [2].

We described here a patient in whom widespread multiple warts developed on his trunk and upper extremities during etanercept treatment.

Case Report

A 39 year-old-man with a 15 year history of psoriasis, unresponsive to various topical agents and traditional systemic treatments such as methotrexate, acitretin and cyclosporin A, was started on 50 mg etanercept subcutaneous injections twice a week for 24 weeks. After 5th dosing, the patient noted multiple papules on his trunk and upper extremities. On dermatological examination; extensive, thick, hyperkeratotic, elevated and rounded multiple papules with a rough, grayish surface affected the trunk and upper extremities (Figure 1 and Figure 2). A shave biopsy specimen of the lesion revealed extensive hyperkeratosis, acanthosis, papillomatous epidermal projections, parakeratotic columns overlying the papillomatous projections and in appear to point radially to the center (Figure 3). And these findings confirmed the di-

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Figure 1. Multiple widespread warts on patients' trunk



Figure 2. Close up view of the lesions

agnosis. His full blood count, short routine chemistry, and urinalysis were normal. There was no any abnormality in blood tests. Although we observed the warts, we continued to etanercept and we treated warts with cryotherapy. After 5th cryotherapy sessions there was no warts and complete healing was seen. At the end of the 24th weeks etanercept was stopped, he remained free of psoriasis and he remained clear of warts.

Discussion

Various adverse cutaneous reactions to etanercept have been reported previously. Injection site reactions are the most common adverse event associated with etanercept. They are generally transient in nature, mild to moderate in intensity, decrease in incidence over time, and rarely tend to discontinuation of treatment [3]. Up to a third of patients self administrating subcutaneous etanercept have mild and temporary injection site reactions [4]. Serious infection and sepsis, including reactivation of latent tuberculosis, have been reported with etanercept [5].

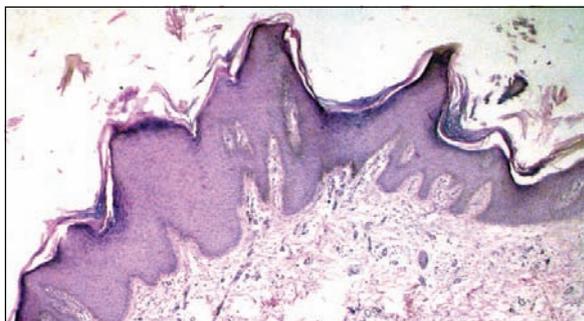


Figure 3. Histopathological examination of the patients' lesion (HE stain, original magnification X 25)

Adams et al. reported a 17 year-old female patient with extensive bilateral plantar warts treated with etanercept for her juvenile rheumatoid arthritis. And they observed the complete disappearance of plantar warts after discontinuation of etanercept. To our knowledge this was the first report about etanercept and wart in the literature [6].

Tyring reported a 45 year old male patient treated with 100 mg/week etanercept for his psoriasis. In addition, he suffered from extensive plantar warts and said had been treated previously with liquid nitrogen, salicylic acid, or various combination therapies. He continued the etanercept treatment with topical imiquimod for his warts for two months and at the end of two months no wart remained visible [7].

There was a report in the literature about 67 year-old man treated with etanercept and methotrexate for rheumatoid arthritis developed molluscum contagiosum on his eyelids [8].

In various clinical studies for evaluating efficacy and safety profile of etanercept, authors investigated the incidence of serious and nonserious infections, and they found a lot of infections but they did not report any human papilloma virus infection related to etanercept [9, 10].

Although use of etanercept is expanding worldwide as an effective treatment for psoriasis, the knowledge about virus-induced adverse events is limited. The exact mechanism is unknown but the virus-induced lesions may occurred by suppression of the TNF- α metabolic pathway [11]. The role of

TNF- α in the propagation of cutaneous viral infections is unclear and the data on the role of TNF- α antibody in cutaneous viral infections is limited [6].

In conclusion; although wart is well known but potentially adverse event of etanercept, the purpose of this case is to remind that clinicians should be aware of their patients for cutaneous viral infections such as human papilloma virus infections in those treated with etanercept. Further case reports and studies on the effect of etanercept may help to elucidate the role of TNF alpha. All dermatologists encountering patients on etanercept should be aware of possible adverse events and potential development of rare complications.

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