

# Erosions of Psoriatic Plaques Due to Methotrexate

## Erosões em Placas de Psoríase Induzidas pelo Metotrexato



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Acta Med Port 2021 Jul-Aug;34(7-8):557-557 • <https://doi.org/10.20344/amp.12992>

**Keywords:** Methotrexate; Psoriasis; Skin Ulcer  
**Palavras-chave:** Metotrexato; Psoríase; Úlcera Cutânea



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.<sup>1-4</sup> This rare side effect can precede pancytopenia and drug discontinuation is crucial.<sup>1,2</sup>

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.<sup>2-4</sup>

### AUTHORS CONTRIBUTION

LS: Case description and discussion.

AMC, JTS: Critical review of the work.

**PROTECTION OF HUMANS AND ANIMALS:** The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association. **DATA CONFIDENTIALITY:** The authors declare having followed the protocols in use at their working center regarding patients' data publication. **INFORMED CONSENT:** Obtained. **CONFLICTS OF INTEREST:** All authors report no conflict of interest. **FUNDING SOURCES:** The authors declare that there were no external sources of study for the performance of this article.

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Recebido: 20 de outubro de 2019 - Aceite: 10 de janeiro de 2020 - First published: 10 de maio de 2021 - Online issue published: 01 de julho de 2021

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