Eosinophilic Dermatosis in haemopathy: first case report of Tralokunimab treatment

Poster N° 19

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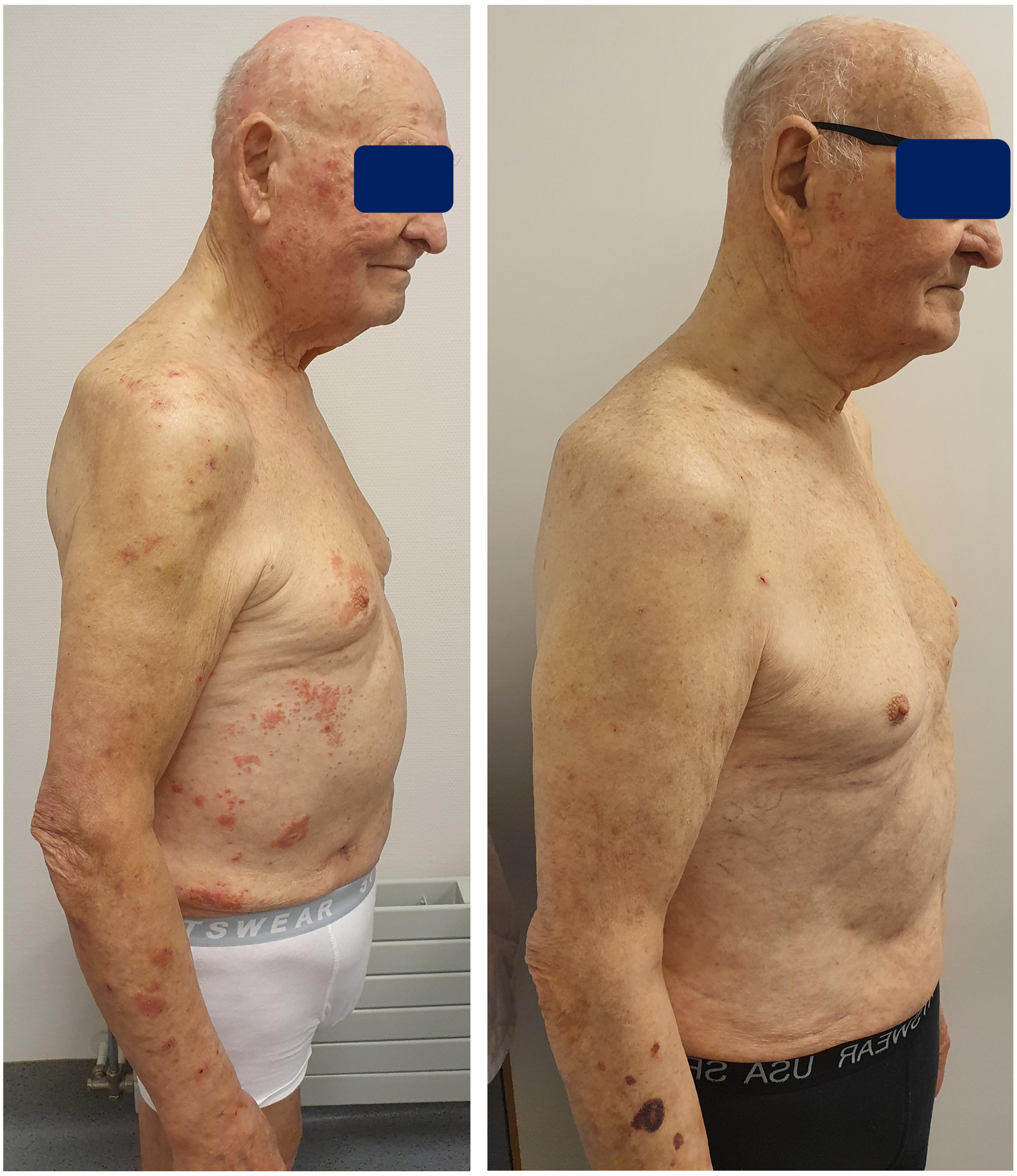
Introduction

Eosinophilic Dermatosis (ES) is a rare cutaneous affection to be considered in the context of haemopathy. Pruritus is insomniac and often very incapacitating for the patient. The treatment is difficult and the pathology is resistant to the common treatments (topic corticosteroids, methotrexate, dapsone …).

Case report

We report the case of an 85-year-old white man presenting diffuse pruritic eruption of the trunk, the members and the head. The lesions were erythematous indured papules with a crust in the center of the papule, just like **insect bites** (Figure 1 & 2). The first biopsy was non contributive but given the inefficacity of anti-histamines and dermocorticoids, a second skin biopsy was performed and showed **eosinophilic dermatosis associated with low grade lymphocytic lymphoma**. We started a Methylprednisolone (Medrol) degressive scheme with Rituximab injections. Initially, the results were encouraging but during the degression of Medrol, the eruption worsened and severe itching returned. Haematologists gave **Medrol** and **Rituximab** back and started **Venetoclax**, a lymphocyte clone-specific treatment, with **no real improvement**. Dermatologically, we proposed **Tralokinumab treatment**, 4 injections initially and then 2 injections every 2 weeks- same as atopic dermatitis' scheme-. After the first injections, pruritus decreased and the lesions improved. After 2 months of injections (Figure 2 & 4), most of the cutaneous lesions had disappeared. The patient was **greatly relieved**. We don't report any side effects of the treatment following the injections.

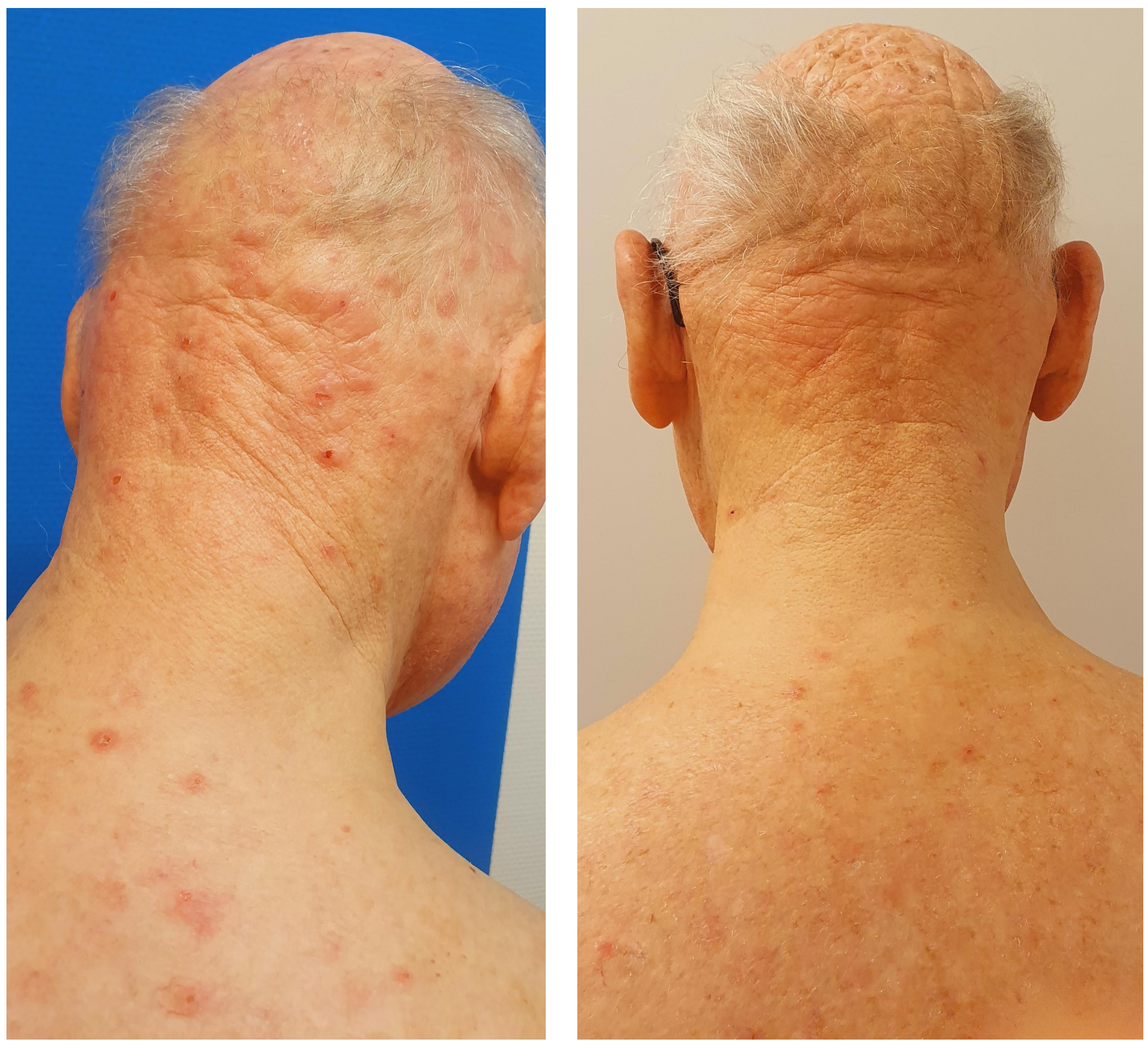
Figure 1 & 2 - Clinical presentation of Eosinophilic Dermatosis before the first Tralokinumab injections and after 2 months of treatment.



Discussion

From a dermatological point of view, we wanted to propose an additional treatment. In some case reports, **Dupilumab** (an antibody anti IL-4/13 given in atopic dermatitis) has already shown positive results in this pathology. In this direction, we suggested **Tralokinumab** injections (an antibody anti IL-13), a molecule in the same family as Dupilumab, which has **never been tried** in this pathology. The effectiveness of this treatment in our patient is real but furthermore cases and studies are necessary to prove the effectiveness of this treatment.

Figure 3 & 4 – Clinical presentation of Eosinophilic Dermatosis before the first Tralokinumab injections and after 2 months of treatment.



Conclusion

We report the innovative use of tralokinumab injections for the treatment of Eosinophilic Dermatosis in the context of haemopathy. Recent data on the improvement of the pathology with Dupilumab (Anti IL-4/13) led us to propose this unconventional treatment to our patient. Within two months, pronounced clinical improvement was observed. Pruritus improved with the first injections. **Our case reveals a potential novel therapeutic target for the treatment of Eosinophilic Dermatosis in haemopathy.**