

Poster n°39



NETHERTON SYNDROME AND DUPILUMAB BEYOND THE INFLAMMATORY SKIN

Delahaye T, Damsin T, Nikkels AF

Department of Dermatology, University Hospital of Liège, Belgium



A 25 year-old female with a long-standing Netherton syndrome (NS) presented at birth with a collodion-like appearance. Subsequently she developed a persistent ichthyosis associated with atopic skin manifestations (eczematous lesions, excoriation).

Previous therapies included topical treatments, acitretin, apremilast (PDE4 inhibitor), ixekizumab (anti-IL-17), ciclosporin and UVB. Dupilumab 300mg every two weeks was instaured as per presence of atopic features.



DUPILUMAB 300mg/2 weeks Five months



APRIL 2023 EASI 37 – NRS 8

SEPTEMBER 2023 EASI 75 – NRS 4

What we already know

NS is an autosomal recessive genodermatosis characterized by dysfunction of the skin barrier due to mutations in the SPINK5 gene. This syndrome presents a clinical triad, including linear circumflex ichthyosis (LCI), trichorrhexis invaginata (bamboo hair) and an atopic predisposition.

The dysfunction of the skin barrier through the defective skin and nonspecific inflammation creates a pro-Th2 immune environment, making these cytokines potential therapeutic targets. Numerous case reports explore the treatment of severe NS using biological agents that target pro-inflammatory cytokines or specific immunoglobulins, including ixekizumab (anti-IL-17), infliximab (anti-TNF-α), ustekinumab (anti-IL-12/IL-2), omalizumab (anti-IgE) as well as Dupilumab (anti-IL-4/IL-13).



The immunological profile of NS has recently been studied. An IL-17/IL-36 signature has been identified, with predominant complement activation and a Th2-type allergic response in the NS subtype called linear circumflex ichthyosis (NS-ILC).

Dupilumab, an antagonist of the interleukin 4 and 13 alpha receptor, is a recognized treatment for moderate to severe atopic dermatitis.

This case report confirms that dupilumab represents an interesting treatment alternative for NS patients, particularly those exhibiting the NS-ILC phenotype. Furthermore, dupilumab demonstrates efficacy in areas of the skin devoid of inflammatory lesions, adding a valuable benefit in addition to its anti-inflammatory potential.

^{1.} Wang J, Yu L, Zhang S, Wang C, Li Z, Li M, et al. Successful treatment of Netherton syndrome with dupilumab: A case report and review of the literature. J Dermatol. 2022;49:165–167.

^{2.} Barbieux C, Bonnet des Claustres M, Fahrner M, et al. Netherton syndrome subtypes share IL-17/IL-36 signature with distinct IFN-α and allergic reponses. The journal of allergy and clinical immunology 2022;149(4):1358-1372.