

## Improving Effect of Proton Pump Inhibitors Against Psoriasis: Letter to the Editor

### Proton Pompa İnhibitörlerinin Psöriyazisi Düzeltici Etkisi

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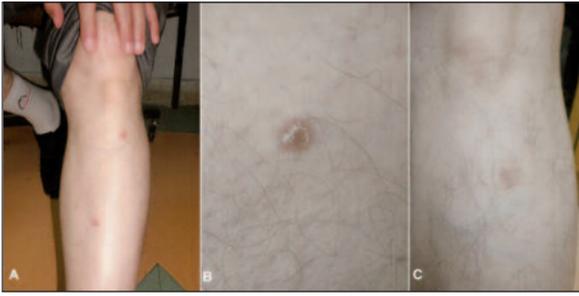
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**B**enz-imidazole derivatives, also known as proton pump inhibitors (PPIs), are effective in the treatment of acid-pepsin related disorders. However, psoriasis does not exist within the indications for the use of PPIs. A male patient whose psoriatic lesions resolve as far as he takes proton pump inhibitors was presented in this letter.

A 48 year-old male patient presented with a 30 years history of psoriasis affecting his whole body including the scalp. His lesions had incompletely resolved during treatment with topical and systemic anti-psoriatic drugs (Retinoic acid, vitamin D3, methotrexate, steroid). He had once experienced a period without lesions for 1 month after PUVA therapy. He was hospitalized in our clinic 12 years ago for his upper gastrointestinal bleeding due to acetyl-salicylic acid use and was treated with proton pump inhibitors at that period. He had active psoriatic lesions during this hospitalization period, due to cessation of anti-psoriatic treatment one month ago. He received a 2 months course of omeprazole treatment after his upper gastrointestinal bleeding and his lesions had resolved. He did not come to follow-up visits for the following 11 years and then he again applied our clinic with dyspeptic complaints. His physical examination and laboratory findings were normal. We have learnt from his medical history that during these last 11 years he insisted on using proton pump inhibitors (omeprazole, lansoprazole, esomeprazole) for his psoriatic lesions but not for his dyspeptic complaints and without the advice of any doctor. He also reported that he also tried pantoprazole but could not get any benefit from it. We requested him not to use PPIs for a certain period of time to confirm the effect of PPIs on psoriasis. We observed 2 psoriatic lesions on tibia 7 days after his PPI withdrawal (Figure 1A, 1B). His lesions improved greatly after a 10 days period of rabeprazol administration (Figure 1C). His lesions completely resolved after 20 days. Any psoriatic lesion was developed during last 24 months.

Psoriasis is an inflammatory skin disease which affects about 1-3% of world population. In most cases psoriasis manifests itself as mild or mod-



**FIGURE 1:** Psoriatic lesions in the tibia (A), a close view of the same lesion (B), look after PPI therapy (C).

erate plaques in small areas while in others it could be an abundant and uncontrollable disease. Seventy to eighty percent of the cases can be sufficiently treated with topical therapy.<sup>1</sup> But the rest of the cases can require systemic drugs. But as in our case some patients could not show sufficient response to therapy. Vitamin D3 analogues, topical retinoid tazarotene, anthralin and steroid, phototherapy and systemic drugs (Asitresin,

methotrexate, cyclosporin, etanercept, infliximab, etc) can be used in clinically moderate and severe cases.<sup>2</sup> But proton pump inhibitors are not routinely used for this indication. Dermatological side effects of proton pump inhibitors have also been reported ([www.drugs.com](http://www.drugs.com)). Additionally rabeprazol have been reported to cause psoriasis ([www.drugs.com](http://www.drugs.com)). There is only one paper in the literature that reports the beneficial effect of omeprazole against psoriasis.<sup>3</sup> Our case had self-used omeprazole without any medical advice from a doctor and got benefit. We applied a challenge test of rabeprazol and we observed a beneficial effect against psoriasis. We think that there can be a difference in the actions of various PPIs on psoriasis as our patient had not benefitted from pantoprazole and some PPIs can become a safe alternative in treatment resistant psoriasis cases. For future, randomized controlled studies with large number of patients are needed to confirm our suggestion.

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