From the Medical Board of the National Psoriasis Foundation: Perioperative management of immunomodulatory agents in patients with psoriasis and psoriatic arthritis[1]

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BACKGROUND

- Psoriasis and psoriatic arthritis (PsA) are immune-mediated, inflammatory diseases treated with pharmacotherapy that disrupt the inflammatory response.
- When faced with upcoming surgery, clinicians must decide whether to hold immunomodulatory drug, weighing the risk of postoperative complications against that of disease recurrence.

OBJECTIVE

- To update the 2016 guidelines[2] set by the Medical Board of the National Psoriasis Foundation (NPF) to make recommendations and aid in the perioperative management of psoriasis and PsA drugs.

METHODS

- A systematic search of the MEDLINE PubMed database was performed.
- Specific immunomodulatory agents included: tumor necrosis factor-alpha (TNF-a) inhibitors, ustekinumab, IL-17 inhibitors, IL-23 inhibitors, cytotoxic T-lymphocyte–associated antigen-4 co-stimulator, phosphodiesterase-4 inhibitor, Janus kinase inhibitors, tyrosine kinase 2 inhibitor, cyclosporine (CsA), and methotrexate (MTX).
- Surgical procedures were stratified as low-risk, medium-risk, and high-risk as defined by the American College of Cardiology and the American Heart Association 2014 guidelines[3].

New Guidelines:

- **TNF-a inhibitors, abatacept, MTX, and CsA** are **safe to continue** through low-risk surgery.
- Based on expert opinion, **apremilast, IL-17 inhibitors, IL-23 inhibitors, and ustekinumab** are also **safe to continue** through low-risk surgery.
- It is expert opinion that psoriasis and PsA patients **can safely continue MTX, CsA, apremilast, abatacept, IL-17 inhibitors, IL-23 inhibitors, and ustekinumab** through intermediate-risk and high-risk surgery; however, a conservative, case-by-case approach is advised.
- The new guidelines align with the American College of Rheumatology guidelines[4] to **hold TNF-a inhibitors for one full dosing interval prior to total knee or total hip arthroplasties**.
- **Acitretin does not need to be stopped for any surgery**.
- There is insufficient evidence to make firm recommendations for **tofacitinib, upadacitinib, and deucravacitinib**.

RESULTS

- 48 new or previously unreviewed studies were included for review; the majority were retrospective studies in patients with rheumatoid arthritis and inflammatory bowel disease.
- Though limited, studies show no increased risk of infection in psoriasis patients who continued immunotherapy through surgery.

CONCLUSION

- For low-risk procedures, TNF-alpha inhibitors, IL-17 inhibitors, IL-23 inhibitors, ustekinumab, abatacept, methotrexate, cyclosporine, and apremilast can safely be continued.
- For intermediate- and high-risk surgery, methotrexate, cyclosporine, apremilast, abatacept, IL-17 inhibitors, IL-23 inhibitors, and ustekinumab are likely safe to continue; however, a case-by-case approach is advised. Acitretin can be continued for any surgery.
- There is insufficient evidence to make firm recommendations on tofacitinib, upadacitinib, and deucravacitinib.

REFERENCES & DISCLOSURES