

76. Galluzzo M, D'Adamio S, Campione E, Mazzilli S, et al. A clinical case of severe disease burden: an erythrodermic psoriatic patient treated with secukinumab. *J Dermatolog Treat.* 2018;29:1-11.
77. Rongioletti F, Mugheddu C, Murgia S. Repigmentation and new growth of hairs after anti-interleukin-17 therapy with secukinumab for psoriasis. *JAAD Case Rep.* 2018;4:486-488.
78. Dogra S, Bishnoi A, Narang T, Handa S. Long-term remission induced by secukinumab in a 13-year-old boy having recalcitrant chronic erythrodermic psoriasis. *Dermatol Ther.* 2018;31:e12611.
79. Tichy M. Arthropathic psoriasis complicated by a paradoxical reaction in the form of erythrodermic psoriasis following adalimumab and by an allergic reaction following infliximab which was successfully managed with secukinumab. *Postepy Dermatol Alergol.* 2019;36:495-497.
80. Damiani G, Pacifico A, Russo F, Pigatto, et al. Use of secukinumab in a cohort of erythrodermic psoriatic patients: a pilot study. *J Clin Med.* 2019;8:770.
81. Shibata T, Muto J, Takama H, Yanagishita T, et al. Case of psoriatic erythroderma induced by the discontinuation of the chronic use of topical steroid after dialysis initiation and successfully treated with secukinumab. *J Dermatol.* 2019;46:e119-20.
82. Pizzatti L, Mugheddu C, Sanna S, Atzori L, et al. Erythrodermic psoriasis in a dialyzed patient successfully treated with secukinumab. *Dermatol Ther.* 2020;33:e13348.
83. Liu LC, Jin XH, Sun C, Xia JX. Two cases of refractory erythrodermic psoriasis effectively treated with secukinumab and a review of the literature. *Dermatol Ther.* 2021;34:e14825.
84. Saeki H, Nakagawa H, Nakajo K, Ishii T, et al. Efficacy and safety of ixekizumab treatment for Japanese patients with moderate to severe plaque psoriasis, erythrodermic psoriasis and generalized pustular psoriasis: results from a 52-week, open-label, phase 3 study (UNCOVER-J). *J Dermatol.* 2017;44:355-362.
85. Okubo Y, Mabuchi T, Iwatsuki K, Elmaraghy H, et al. Long-term efficacy and safety of ixekizumab in Japanese patients with erythrodermic or generalized pustular psoriasis: subgroup analyses of an open-label, phase 3 study (UNCOVER-J). *J Eur Acad Dermatol Venereol.* 2019;33:325-332.
86. Papp K, Cather JC, Rosoph L, Sofen H, et al. Efficacy of apremilast in the treatment of moderate to severe psoriasis: a randomised controlled trial. *Lancet.* 2012;380(9843):738-46114.
87. Krishnamoorthy G, Kotecha A, Pimentel J. Complete resolution of erythrodermic psoriasis with first-line apremilast monotherapy. *BMJ Case Rep.* 2019;12:e226959.
88. Papadavid E, Kokkalis G, Polyderas G, Theodoropoulos K, et al. Rapid clearance of erythrodermic psoriasis with apremilast. *J Dermatol Case Rep.* 2017;11:29-31.
89. Gregoire ARF, DeRuyter BK, Stratman EJ. Psoriasis flares following systemic glucocorticoid exposure in patients with a history of psoriasis. *JAMA Dermatol.* 2021;157:198-201.
90. Mrowietz U, Domm S. Systemic steroids in the treatment of psoriasis: what is fact, what is fiction? *J Eur Acad Dermatol Venereol.* 2013;27:1022-1025.
91. Cretu S, Salavastru CM, Tiplica GS. Treatment of psoriatic erythroderma using systemic corticosteroids: a timeless option? *Dermatol Ther.* 2020;33:e14222.
92. Reynolds KA, Pithadia DJ, Lee EB, Liao W, et al. A systematic review of treatment strategies for erythrodermic psoriasis. *J Dermatolog Treat.* 2021;32:49-55.
93. Shao S, Wang G, Maverakis E, Gudjonsson JE. Targeted treatment for erythrodermic psoriasis: rationale and recent advances. *Drugs.* 2020;80:525-534.
94. 36Hsu SH, Tsai TF. Evolution of the inclusion/exclusion criteria and primary endpoints in pivotal trials of biologics and small oral molecules for the treatment of psoriasis. *Expert Rev Clin Pharmacol.* 2020;13:211-232.

## PERLAS

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### LA FOTOBIMODULACIÓN COMO TERAPIA PARA LA ALOPECIA

La alopecia androgenética (AGA) y la alopecia areata (AA) son causas frecuentes de consulta dermatológica.

La fotobiomodulación es una terapia prometedora para el tratamiento de diferentes tipos de alopecia. La regeneración del cabello se producirá por un

aumento en la producción de ATP, inhibición de la inflamación, aumento de la circulación sanguínea, así como por una mayor expresión de diferentes factores de crecimiento.

Se utilizó luz roja para AGA, luz ultravioleta para AA y luz infrarroja para ambos tipos de alopecia.

Se evidenció un aumento en la densidad y el diámetro del cabello.

La luz ultravioleta fue eficaz para el tratamiento de

AA, la roja para AGA y la infrarroja para ambas.

Dado que diferentes longitudes de onda actúan por distintos mecanismos, la combinación de estas es una opción para futuras investigaciones en el tratamiento de la alopecia.

Zhang Y, Su J, Ma K, Fu X, et al. Photobiomodulation therapy with different wavebands for hair loss: a systematic review and meta-analysis. *Dermatol Surg.* 2022;48:737-740.