

Differential modulation of systemic inflammation by Dupilumab across atopic dermatitis phenotypes: real-life data from Florence

Elisabetta Magnaterra, MD

Manfredi Magliulo, MD Massimo Gola, MD



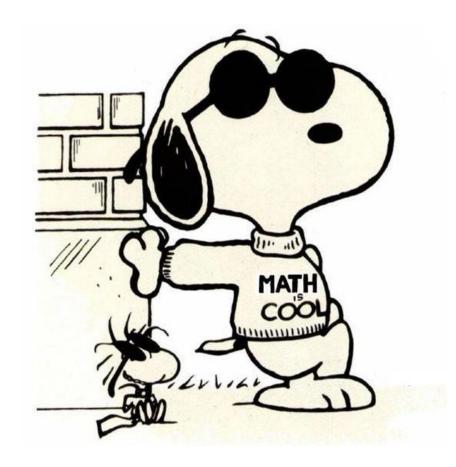
Learning Objective:

To evaluate longitudinal changes in systemic inflammatory markers (NLR and PLR) in patients with atopic dermatitis treated with dupilumab in a real-world clinical setting.

Department of Dermatology, University of Florence, Italy

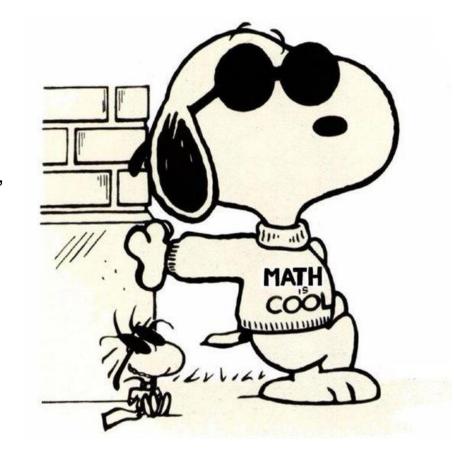
Introduction

- **NLR** (Neutrophil-to-Lymphocyte Ratio) and **PLR** (Platelet-to-Lymphocyte Ratio) are accessible, cost-effective indices of systemic inflammation.
- Widely used in systemic inflammatory and autoimmune diseases (e.g., RA, SLE, dermatomyositis, IBD).
- In dermatology, **elevated NLR** and **PLR** are reported in **psoriasis**, **psoriatic arthritis**, Behçet's, erythema nodosum, sarcoidosis.
- In psoriasis, **NLR correlates** with **PASI** and is more strongly linked to severity than PLR.
- Both indices may serve as adjunctive tools in **disease and therapy monitoring** and risk stratification.



Introduction

- **NLR** (Neutrophil-to-Lymphocyte Ratio) and **PLR** (Platelet-to-Lymphocyte Ratio) are accessible, cost-effective indices of systemic inflammation.
- Widely used in systemic inflammatory and autoimmune diseases (e.g., RA, SLE, dermatomyositis, IBD).
- In dermatology, **elevated NLR** and **PLR** are reported in **psoriasis**, **psoriatic arthritis**, Behçet's, erythema nodosum, sarcoidosis.
- In psoriasis, **NLR correlates** with **PASI** and is more strongly linked to severity than PLR.
- Both indices may serve as adjunctive tools in **disease and therapy monitoring** and risk stratification.





TO ASSESS THE LONGITUDINAL CHANGES IN NLR AND PLR IN AD PATIENTS TREATED WITH DUPILUMAB

Methods

Design:

Retrospective real-life study



Setting:

Dermatology Unit, University of Florence



Population:

- 60 adult patients with moderate-to-severe atopic dermatitis
- Treated with Dupilumab



Phenotypic classification:

- Classical, portrait, hand, erythrodermic, nummular, prurigo-like



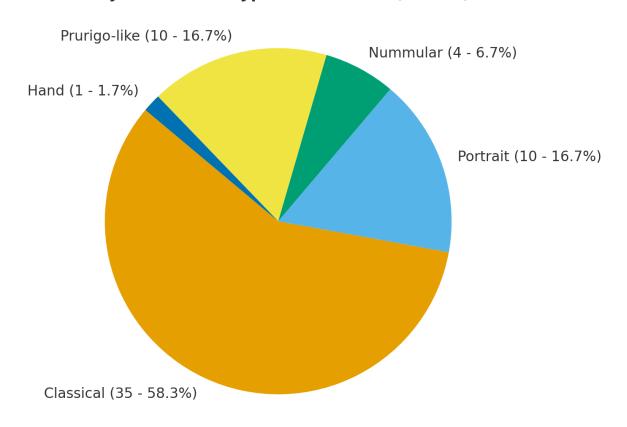
Data collection and Statistical analysis:

- Clinical scores: EASI, DLQI, pNRS and sNRS
- Inflammatory indices: NLR and PLR calculated at baseline, 16 weeks, and 26 weeks
- Statistical analysis: Friedman test and subgroup comparisons



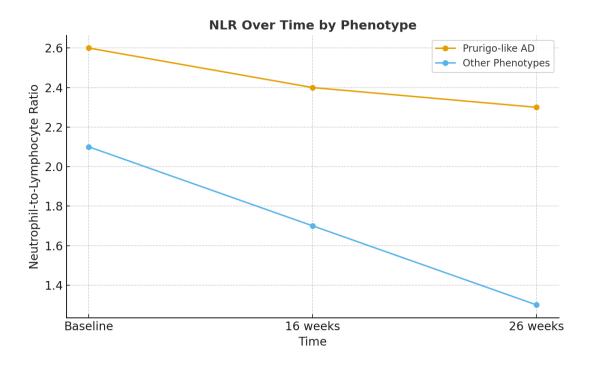
Results

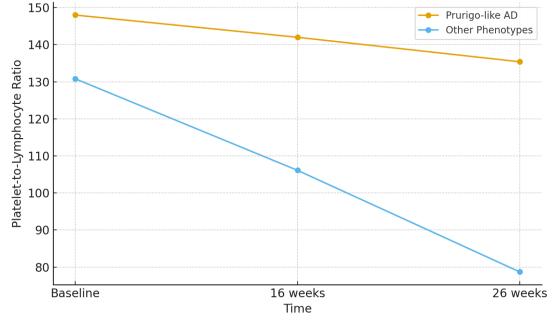
Adjusted Phenotype Distribution (n = 60)



Total Patients	60
Female (n, %)	25 (41.7%)
Male (n, %)	35 (58.3%)
Mean Age (years)	39,5
Mean EASI (baseline)	27,97
Mean Pruritus NRS (baseline)	8,45
Mean Sleep NRS (baseline)	6,02

Results





PLR Over Time by Phenotype

Phenotype	NLR (0w)	NLR (16w)	NLR (26w)	PLR (0w)	PLR (16w)	PLR (26w)
				132.2 ±	108.6 ±	
All patients	2.2 ± 0.7	1.8 ± 0.5	1.4 ± 0.4	_		83.6 ± 30.0
				148.0 ±	142.0 ±	135.4 ±
Prurigo-like	2.6 ± 0.6	2.4 ± 0.6	2.3 ± 0.5	59.0		48.0
				130.8 ±	106.1 ±	
Non-prurigo	2.1 ± 0.7	1.7 ± 0.5	1.3 ± 0.3	62.0	37.5	78.7 ± 26.2

Take Home messages:

- <u>Dupilumab significantly reduces NLR and PLR over</u>
 <u>26 weeks</u>
- Findings suggest a consistent anti-inflammatory effect in real-life AD patients
- <u>Prurigo-like</u> phenotype showed <u>minimal changes</u> in NLR and PLR
- Systemic inflammation may be modulated differently across AD subtypes
- NLR and PLR may help stratify therapeutic outcomes in clinical practice



