gen receptors in lesional skin. However, previous hepatitis A infection was a casual finding in this patient, with anti-HAV IgG, although the time of occurrence could not be specified, which might suggest triggered mosaicism as a possible cause, albeit challenging to confirm. ■

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Mild therapeutic response of alopecia areata during treatment of psoriasis with secukinumab

Psoriasis is a chronic disease characterized by erythematous, scaly, and hyperkeratotic plaques that can extend all over the skin. Psoriasis is widely recognized to diminish quality of life, especially when sensitive areas, such as genitals, are involved [1]. Basic research and several clinical trials have suggested a dominant role of interleukin 17A (IL-17A) in the pathogenesis of psoriasis [2].

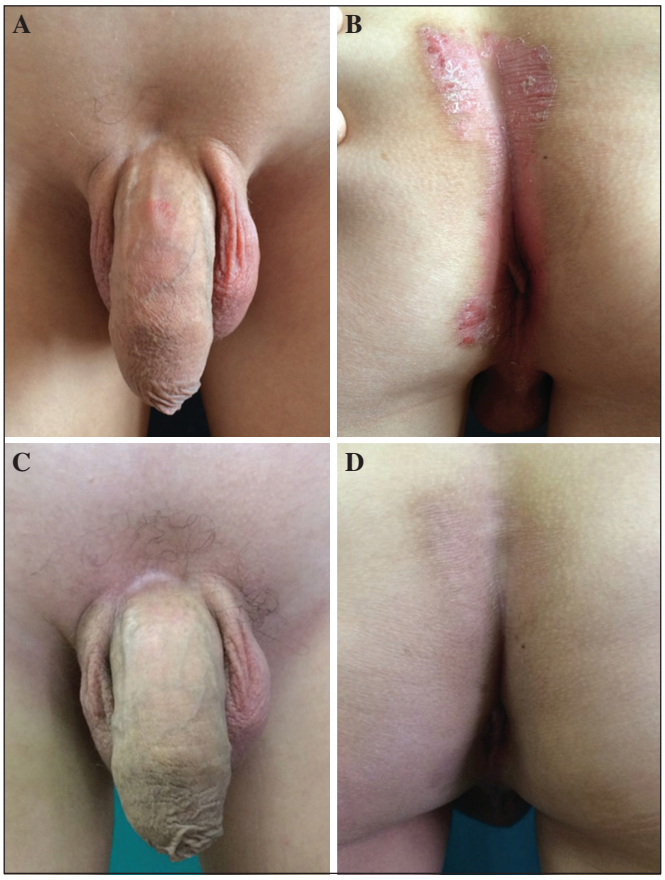

Figure 1. Genitals and intergluteal area before (**A**, **B**) and after treatment (**C**, **D**).

Alopecia areata, characterized by non-scarring hair loss [3], is also considered to be a T-cell-mediated disease [4]. It is usually classified into three groups according to the extent of the disease: (1) well-demarcated patches of hair loss, which is the most common form; (2) complete absence of hair on the scalp, known as alopecia totalis; and (3) total loss of hair all over the body, known as alopecia universalis [3].
We report the case of a 42-year-old male presenting in June 2016 at our outpatient clinic with a 25-year history of alopecia universalis and a two-year history of psoriasis. He had complete loss of hair all over the body. The alopecia was treated with topical steroids only at the onset, for about one year without benefit; no further treatments were undertaken, nor was an improvement of the disease observed over time. In the last two years, he developed psoriasis, also involving the genitals (*figure 1A, B*). At the time of observation, our patient had a score of 7 for the Psoriasis Area Severity Index (PASI) and 13 for the Dermatology Life Quality Index (DLQI). The patient had never used systemic drugs for psoriasis, but only topical medications, without any significant benefit.
In February 2017, the patient was started on subcutaneous secukinumab therapy at a dosage of 300 mg per week for the first five weeks, followed by a maintenance period at 300 mg per month.
In May 2017, the patient showed a decrease in PASI to 0 and decrease in DLQI to 1, with complete resolution of psoriasis at all body sites, including the genitals (*figure 1D*), with

significant improvement in his quality of life. In particular, we noted a mild but significant increase in hair on the pubis (*figure 1C*), eyebrows, face, and scalp. The patient reported that the psoriasis began to improve after about 10 days of treatment, whereas the hair regrowth started after six weeks of therapy.

In November 2017, the patient, of his own accord, discontinued secukinumab therapy due to complete resolution of psoriasis, and at a follow-up visit, in March 2018, he showed an initial recurrence of both psoriasis (PASI 1.8) and alopecia. The patient has not yet restarted systemic treatment.

The efficacy of secukinumab for the treatment of psoriasis is well known [5]. Here, we report the effectiveness of secukinumab treatment on genital psoriasis and alopecia areata.

Interleukin-17 has been shown to be involved in the pathogenesis of various inflammatory and autoimmune conditions [6, 7]. A possible role for IL-17$^+$ T-helper cells in the pathogenesis of alopecia areata has been proposed [8], suggesting a rationale for the use of the IL-17 inhibitors in this disease.

A small double-blinded, randomized prospective pilot study found that no patients in either the secukinumab or placebo groups met the primary endpoint, consistent with a 50% reduction in Severity of Alopecia Tool score (SALT50) at Week 24 [9]. Along with the possibility that Th17 is not pathogenic in alopecia areata, these authors hypothesized that the dose of secukinumab might have been insufficient, or the treatment duration too short to trigger the hair regrowth. Furthermore, the occurrence of alopecia areata has sometimes been reported among the side effects of some anti-interleukin drugs, including secukinumab and ustekinumab [10].

Although it is premature to draw any conclusion about the efficacy of secukinumab on alopecia areata based on a single case, both the improvement in hair growth upon secukinumab treatment and the recurrence of alopecia upon secukinumab discontinuation in our patient suggest a potential benefit of anti-IL-17 treatment in patients with severe and long-lasting alopecia areata, however, further and more extensive studies are needed to confirm this. ■

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A case of malignant melanoma of the areola in a male patient

Pigmented lesions on the nipple and areola are rare and must be differentiated from malignant melanoma (MM), pigmented Paget's disease (pPD), benign melanocytic lesions and melanosis [1]. pPD is the most frequently described malignant tumour at this specific site [2]. Only few reports have described the dermoscopic findings of MM arising on the nipple or areola, and almost all cases have occurred in females [3-6]. We report a very rare case of MM that arose on a areola in a male, in which the dermoscopic findings facilitated the diagnosis.