Spesolimab is currently the only US FDA-approved treatment for GPP flares. Spesolimab treatment results in rapid improvement in symptoms.

Required hospitalization
No
No
Yes
No

Initial diagnosis
GPP
AGEP; biopsy showed subcorneal pustule formations
GPP
AGEP; biopsy showed subcorneal neutrophilic pustules

Concomitancies
Pyoderma gangrenosum; subcorneal pustular psoriasis
Non-specific arthritis; dermatomyositis
Pyoderma gangrenosum; hypertension; diabetes; dermatomyositis
Graft-versus-host disease

Spesolimab treatment
Two spesolimab infusions (900 mg IV) given 7 days apart; outpatient infusion center
Two spesolimab infusions (900 mg IV) given 30 days apart; outpatient infusion center
Two spesolimab infusions (900 mg IV) given 30 days apart; outpatient infusion center (2)

Concomitant treatment
Topical tacrolimus/cyclosporine
Topical tacrolimus/cyclosporine
Topical tacrolimus/cyclosporine

Previous treatment
Topical tacrolimus/cyclosporine, antibiotics, antibiotics, and salicylic acid
Corticosteroids/cyclosporine
Topical tacrolimus/cyclosporine

Other information
- Paronychia; infection on lower leg
- Patient received high-dose IV corticosteroids as the same day of spesolimab infusion #1
- "The above spesolimab should be administered as a single 900 mg dose by IV infusion over 90 minutes. If flare symptoms persist, an additional 900 mg IV dose may be administered 1 week after the initial dose.”

Case report
15-year-old Asian male
- Initially diagnosed with guttate psoriasis; topical therapy failed; acitretin was stopped due to intolerance.
- Spesolimab was given - 4 weeks after rash onset.

Case 1: Skin on lower leg before and after spesolimab treatment

Case 2: 36-year-old American Indian male
- The patient presented to the ED (leukocytosis; not GPP) and received corticosteroids.
- He was re-presented within days with a pustular rash; received further corticosteroids; and was referred to the Dermatology service. He was examined by a dermatologist 2 days later. He had a rapidly worsening pustular rash and systemic symptoms (e.g., fever). The rash was severely affected. Hospitalization was required.
- The patient experienced a significant delay in receiving spesolimab, due to reimbursement issues between the hospital and patient’s insurance provider (Indian Health Services). Hospitalization was therefore prolonged.
- Spesolimab was given - 4 weeks after rash onset.

Case 4: 40-year-old White female
- Presented with granuloma annulare, was treated with HCQ, and subsequently developed a pustular rash.
- Rash was initially diagnosed as AGEP and was treated with corticosteroids. The rash was followed by rapid worsening of the rash, and systemic symptoms. Hospitalization was required.
- Spesolimab was given - 12 days after rash onset.

Case 3: Skin on arm before and after spesolimab treatment

Case 2: 58-year-old White female
- Received HCQ for joint pain (later diagnosed as psoriatic arthritis); developed a pustular rash.
- Rash was initially diagnosed as AGEP and was treated with corticosteroids; it was followed by worsening of the pustular rash.
- Spesolimab was given - 3 weeks after rash onset.

This case illustrates logistical barriers to receiving spesolimab treatment.

Figure 4. Skin on back before and after spesolimab treatment

This case highlights the importance of the availability of spesolimab in an inpatient setting to decrease hospitalization times for individuals with severe disease.

Figure 1. Skin on lower leg before and after spesolimab treatment

This case highlights the rapid response seen with spesolimab treatment.

Figure 2. Skin on back before and after spesolimab treatment

This case illustrates the rapid efficacy of spesolimab and its ability to effectively treat GPP patients with severe disease.