



# Pediatric Game Changers\*: Serious infection risk in children with psoriasis on systemic treatment: A propensity score-matched population-based study

\*A game changer is a short narrative stating how an article that originally appeared in *JAAD* changed the game of dermatology. **NOTE:** The Game Changer author is not the original author of the article. Please see the reference section for the original author information.

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## ***Capsule Summary:***

- Systemic agents have improved outcomes in pediatric psoriasis; however, the associated infection risk remains unclear. Our population-based study found no increased risk of serious infection between biologics vs non-biologics.
- These agents are associated with low rates of serious infection, and clinicians should treat patients appropriately to improve quality of life.

## ***How did this article change the practice of dermatology?***

- Concerns about infection risk may result in hesitancy to treat recalcitrant moderate-to-severe psoriasis with systemic immunomodulatory agents in pediatric patients, but a paucity of comparative data is available for informed decision-making.
- In this large population-representative study using insurance claims data, the overall risk of serious infections in patients with pediatric psoriasis receiving systemic treatment was lower with biologic agents versus that with nonbiologic agents; however, the background risk of infection was almost twice as high in children with psoriasis versus that in children without psoriasis.
- These results are useful for discussions with families on the risk-benefit profile of systemic medications for pediatric psoriasis, supporting the use of these agents when optimization of disease management is indicated.<sup>1</sup>

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## **Conflicts of interest**

None disclosed.

## **REFERENCE**

1. Schneeweiss MC, Huang JT, Wyss R, Schneeweiss S, Merola JF. Serious infection risk in children with psoriasis on systemic treatment: a propensity score-matched population-based study. *J Am Acad Dermatol*. 2020;82(6):1337-1345.