





Shape the Future Across All Ages

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The inhibition of the IL-17 Pathway in the Treatment of Systemic Vasculitis

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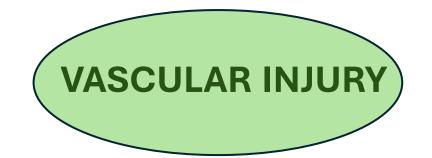
INTRODUCTION:

Vasculitis: a heterogeneous group of disorders

- Inflammation of blood vessels
- Inflammatory infiltrates
- Necrosis and remodeling

Additional mechanisms:

- Immune complex deposition
- complement activation and autoantibodies (ANCA-associated vasculitis)

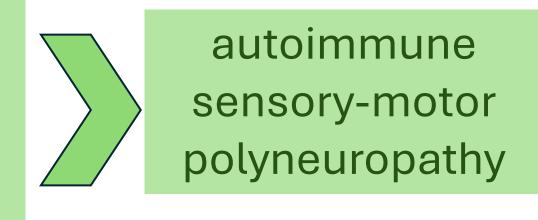


What about Cytokines?

B-Medium vessel vasculitis A-Large vessel vasculitis Th17 cells Th1 cells Th2 cells B cells/plasma cells Eosinophils Neutrophils Macrophages necrosis **EGPA** Dendritic cells Innate immune cells granuloma necrosis EGPA + GPA thrombosis Pro-inflammatory cytokines and chemokines IL-17A C- ANCA-associated vasculitis IL-17E/IL-25 D- Variable vessel vasculitis Th2 related-cytokines AAV Autoantigen (MPO and PR3) Autoantibodies (anti-MPO or PR3)

MATERIAL AND METHODS: Case Report

January 2025
Male, 68 years
Emergency Room:
facial nerve palsy,
ataxia, and muscle
weakness.





intravenous
steroid pulses
and
immunoglobulins



IMPROVED NEUROLOGICAL CONDITION

MEDICAL HISTORY

- Nasal polyposis that required surgery and recurred
- Seronegative arthritis treated with methotrexate and anti-TNF-alpha medication (adalimumab).
- Crusting lesions of the nasal (confirmed by ENT assessment)
- Right-sided **facial paralysis** (four years old) and left facial nerve **palsy** (twenty years old)
- Postural instability and distal paresthesia in upper limbs in 2017

Chest CT Scan

Peribronchovascular interstitial lung disease in the bilateral lower lobes.

Nodules in The lateral segment of the middle lobe, Finely Irregular

Nodular lesions in the mediobasal segment of the right lower lobe.

Laboratory Test

Modest complement consumption, negative ANCA, and ANA positivity (1:160)

ANCA-negative
Granulomatosis with
Polyangioitis (GPA)

History of Arthritis

Joint pain



+ steroid tapering

Secukinumab

RESULTS AND CONCLUSIONS:

Identifying a single therapeutic target capable of modulating multiple clinical manifestations is of clinical relevance.

The TH17 pathway seems to be involved in the pathophysiology of both granulomatosis with polyangiitis (GPA) and inflammatory arthritis

The use of IL-17 inhibitors has shown efficacy in maintaining GPA remission as well as in controlling articular symptoms