

controlled and randomized pilot study. *An Bras Dermatol Sifl*. 2012;87:203-211.

14. Tzung TY, Chen CY, Yang CY, Lo PY, Chen YH. Calcipotriol used as monotherapy or combination therapy with betamethasone dipropionate in the treatment of nail psoriasis. *Acta Derm Venereol*. 2008;88(3):279-280.
15. Rigopoulos D, Gregoriou S, Daniel Iii CR, et al. Treatment of nail psoriasis with a two-compound formulation of calcipotriol plus betamethasone dipropionate ointment. *Dermatology*. 2009;218(4):338-341.
16. Zakeri M, Valikhani M, Mortazavi H, Barzegari M. Topical calcipotriol therapy in nail psoriasis: a study of 24 cases. *Dermatol Online J*. 2005;11(3):5.
17. Tosti A, Piraccini BM, Cameli N, et al. Calcipotriol ointment in nail psoriasis: a controlled double-blind comparison with bethametasone dipropionate and salicylic acid. *Br J Dermatol*. 1998;139:655-659.
18. Balbás GM, Regaña MS, Millet PU. Tacalcitol ointment for the treatment of nail psoriasis. *J Dermatol Treat*. 2009;20(5):308-310.
19. Oram Y, Akkaya AD. Treatment of Nail Psoriasis: Common Concepts and New Trends. *Dermatol Res Pract*. 2013; doi: 10.1155/2013/180496.
20. Lin Y-K, See LC, Huang YH, et al. Efficacy and safety of Indigo naturalis extract in oil (Lindiol) in treating nail psoriasis: A randomized, observer-blind, vehicle-controlled trial. *Phytomedicine*. 2014;21(7):1015-1020.
21. Saricaoglu H, Oz A, Turan H. (2011) Nail psoriasis successfully treated with intralesional methotrexate: case report. *Dermatology*. 2011;222(1):5-7.
22. Üstüner P, Balevi A, Özdemir M. The Comparison of the Efficacy and Safety of Intralesional Triamcinolone Acetonide and Methotrexate Injections for the Treatment of Fingernail Psoriasis. *J Ankara Univ Fac Med*. 2018;71:145-151.
23. Ravindran S, Criton S. Intramatrix injections for nail psoriasis: An open-label comparative study of triamcinolone, methotrexate, and cyclosporine. *Indian J Dermatol Venereol Leprol*. 2019;85(1):81-82.
24. Treewittayapoom C, Singvahanont P, Chanprapaph K, Haneke E. The effect of different pulse durations in the treatment of nail psoriasis with 595-nm pulsed dye laser: a randomized, double-blind, intrapatient left-to-right study. *J Am Acad Dermatol*. 2012;66(5):807-812.
25. Tosti A, Ricotti C, Romanelli P, Cameli N, Piraccini BM, Evaluation of the Efficacy of acitretin therapy for nail psoriasis. *Arch Dermatol*. 2009;145(3):269-271.
26. Sánchez-Regaña M, Sola-Ortigosa J, Alsina-Gibert M, et al. Nail psoriasis: a retrospective study on the effectiveness of systemic treatments (classical and biological therapy). *J Eur*

*Acad Dermatol Venereol*. 2011;25(5):579-586.

27. Mahmood T, Zaghi D, Menter A. Emerging oral drugs for psoriasis. *Expert Opin Emerg Drugs*. 2015;20(2):209-220.
28. Feliciani C, Zampetti A, Forleo P, Ceritelli L, Amerio P, Proietto G, Tulli A, Amerio P. Nail psoriasis: Combined therapy with systemic cyclosporine and topical calcipotriol. *J Cutan Med Surg*. 2004;8:122-125.
29. Gümüşel M, Özdemir M, Mevlitoğlu I, Bodur S. Evaluation of the efficacy of methotrexate and cyclosporine therapies on psoriatic nails: a one-blind, randomized study. *J Eur Acad Dermatol Venereol*. 2011;25(9):1080-1084.
30. Menter A, Korman NJ, Elmets CA, et al. Guidelines of care for the management of psoriasis and psoriatic arthritis: section 4. Guidelines of care for the management and treatment of psoriasis with traditional systemic agents. *J Am Acad Dermatol*. 2009;61(3):451-485.
31. Haderl E, Mosca M, Hong J, Brownstone N, Bhutani T, Liao W. Nail psoriasis: Review of Effective Therapies and Recommendations for Management. *Dermatol Ther*. 2021;11(3): 799-831.
32. Elewski BE, Baker CS, Crowley JJ, et al. Adalimumab for nail psoriasis: efficacy and safety over 52 weeks from a phase-3, randomized, placebo-controlled-trial. *J Eur Acad Dermatol Venereol*. 2019;33(11):2168-2178.
33. Ortonne JP, Paul C, Berardesca E, Marino V, Gallo G, Brault Y, Germain JM. A 24-week randomized clinical trial investigating the efficacy and safety of two doses of etanercept in nail psoriasis. *Br J Dermatol*. 2013;168(5):1080-1087.
34. Rich P, Griffiths CEM, Reich K, Nestle FO, Scher RK, Li S, Xu S, Hsu MC, Guzzo C. Baseline nail disease in patients with moderate to severe psoriasis and response to treatment with infliximab during 1 year. *J Am Acad Dermatol*. 2008;58(2):224-231.
35. Mease P, Husni EM, Charkravarty SD, Kafka S, Parent D, Kim L, Lo KH, Hsia EC, Kavanaugh A. Evaluation of Improvement in Skin and Nail Psoriasis in Bio-naive Patients with Active Psoriatic Arthritis Treated with Golimumab: Results Through week 52 of the GO-VIBRANT Study. *ACR Open Rheumatol*. 2020;2(11):640-647.
36. Mease PJ, Fleischmann R, Deodhar AA, et al. Effect of certolizumab pegol on signs and symptoms in patients with psoriatic arthritis: 24-week results of a Phase 3 double-blind randomized placebo controlled study (RAPID PsA). *An Rheum Dis*. 2014;73:48-55.
37. Foley P, Gordon K, Griffiths CHEM, et al. Efficacy of Guselkumab Compared With Adalimumab and Placebo for Psoriasis in Specific Body Regions. *Jama Dermatol*. 2018;154(6):676-683.
38. Rich P, Bourcier M, Sofen H, Fakharzadeh S, Wasfi Y, Wang Y, Kerkmann U, Ghislain PD, Poulin Y, PHOENIX 1 investigators. Ustekinumab improves nail disease in patients with moderate-to-severe psoriasis: results from PHOENIX 1. *Br J Der-*

*matol*. 2014;170(2):398-407.

39. Kristensen LE, Keiserman M, Papp K. Efficacy and safety of risankizumab for active psoriasis arthritis: 24-week results from the randomised, double-blind, phase 3 KEEPSAKE 1 trial. *Ann Rheum Dis*. 2022;81:225-231.
40. Elewski B, Crowley J, Armstrong A, Photowala H, Zhan T, Chen MM, Gooderham M. Efficacy and Safety of Long-term Risankizumab Treatment for Nail, Scalp, and Palmoplantar Psoriasis: A 4.5-Year Interim Analysis From the LIMMItless OpenLabel Extension Trial. Presented at: 31<sup>st</sup> EADV Congress; Milan, Italy; September 7-10, 2022.
41. Elewski B, Rich P, Crowley J, Foley P, Wu T, Reyes-servin O, Poulin Y. Risankizumab profile in nail, scalp, and palmoplantar psoriasis: efficacy and safety at 52 weeks in an integrated analysis of patients with moderate-to-severe plaque psoriasis. Presented at: 24<sup>th</sup> World Congress of Dermatology; Milan, Italy; June 10-15, 2019. Accessed August 11, 2021.
42. Brunasso A. Nail Psoriasis Improvement During Tildrakizumab Therapy: A Real-Life Experience. *J Drugs Dermatol*. 2022;21(8):914-916.
43. Waseil N, Thaci D, French LE, Conrad C, Dutronc Y, Gallo G, Berggren L, Lacour JP. Ixekizumab and Ustekinumab Efficacy in Nail Psoriasis in Patients with Moderate-to-Severe Psoriasis: 52-Week Results from Phase 3, Head-to-Head Study (IXORA-5). *Dermatol Ther (Heidelb)*. 2020;10(4):663-670.
44. Van de Kerhof P, Guenther L, Gottlieb AB, et al. Ixekizumab treatment improves fingernail psoriasis in patients with moderate to severe psoriasis: results from the randomized, controlled and open-label phases of UNCOVER-3. *J Eur Acad Dermatol Venereol*. 2017;31(3):477-482.
45. Elewski B, Rich P, Lain E, Soung J, Lewitt GM, Jacobson A. Efficacy of brodalumab in the treatment of scalp and nail psoriasis: results from three phase 3 trials. *J Dermatol Treatment*. 2020;0(0):1-5.
46. Reich K, Sullivan J, Arenberger P, Zajayeri S, Mrowietz U, Augustin M, Elewski B, You R, Regnault P, Frueh JA. Secukinumab shows high and sustained efficacy in nail psoriasis: 2.5-year results from the randomized placebo-controlled TRANFIGURE study. *Br J Dermatol*. 2021;184(3):425-436.
47. Nguyen CM, Leon A, Danesh M, Beroukham K, Wu JJ, Koo J. Improvement of Nail and Scalp Psoriasis Using Apremilast in Patients with Chronic Psoriasis: Phase 2b and 3, 52-Week, Randomized Placebo-Controlled Trial Results. *J Drugs Dermatol*. 2016;15(3):272-276.
48. Merola JF, Elewski B, Tatalych S, Lan S, Tallam N, Kaur M. Efficacy of tofacitinib for the treatment of nail psoriasis: Two 52-week, randomized, controlled phase 3 studies in patients with moderate-to-severe plaque psoriasis. *J Am Acad Dermatol*. 2017;77(1):79-87.

## KNIŽNÍ NOVINKA



Monika Arenbergerová, Marek Pásek, Petr Arenberger

### MALIGNÍ MELANOM – DIAGNOSTIKA A LÉČBA

Melanom je nejzávažnější kožní malignitou, v České republice je sedmým nejčastějším zhoubným nádorem vůbec, přičemž jeho výskyt stále narůstá. V devadesátých letech 20. století incidence v Česku přesáhla 1 000 případů ročně, dnes jsou tyto hodnoty více než dvojnásobné. Na melanom u nás každoročně umírá cca 350–400 nemocných. Dříve beznadějná situace pacientů s pokročilejším onemocněním se v posledních 10 letech začala měnit k lepšímu, zejména díky nástupu cílené a biologické léčby, včetně imunoterapie.

Kniha vychází z aktuálního doporučeného postupu (aktualizace k začátku roku 2023) a obsahuje precizní doporučení pro diagnostiku a léčbu této malignity. Je určena především onkologům a dermatologům, užitečná bude rovněž pro všechny lékařské profese, které se mohou podílet na diagnostice a léčbě melanomu.

Maxdorf 2023, 276 str., edice Jessenius, ISBN: 978-80-7345-750-1, Cena: 795 Kč, Formát: 154×230mm, pevná  
Maxdorf, s. r. o., Na Šejdru 247/6a, 142 00 Praha 4, tel.: 241 011 681–9, fax: 241 710 245, www.maxdorf.cz,  
e-mail: info@maxdorf.cz