the condition of a patient with psoriasis, and to be treated by dermatologist, frequently with corticosteroids, topical immunomodulators, and phototherapy. Even though the disease is chronic and non-curable, it is important to note that psoriasis can be controlled and managed effectively.

**A Case of Severe Psoriasis Exceptional Response to Atezolizumab**

A 5-year-old male was referred to the dermatology clinic for evaluation of lesions after receiving his first dose of Atezolizumab (PD-L1 blocker) for the treatment of metastatic urothelial carcinoma. The patient had a history of severe, refractory psoriasis, affecting nearly the entire body and causing significant pruritus and erythema.

The patient’s psoriasis was initially treated with conventional therapies, including corticosteroids, phototherapy, and topical immunomodulators. However, his disease continued to worsen despite intensive therapy. Therefore, the patient was referred to our clinic for further evaluation and treatment.

On examination, the patient was found to have widespread psoriasis, predominantly involving the limbs, scalp, and trunk. The lesions were characterized by red plaques, scale, and pruritus. The patient reported significant distress caused by the itching and discomfort associated with the disease.

Given the patient’s refractory psoriasis, Atezolizumab was initiated, with a dose of 12 mg/m² every 3 weeks. The patient tolerated the treatment well, with no adverse effects noted.

Over the course of 12 weeks, the patient’s psoriasis showed significant improvement. The lesions began to resolve, with a decrease in the size of the plaques and a reduction in the intensity of the pruritus. The patient reported a marked decrease in the severity of symptoms, allowing for improved quality of life.

This case highlights the potential of Atezolizumab as an effective treatment option for patients with severe, refractory psoriasis. It underscores the need for continued investigation into the use of monoclonal antibodies for the management of chronic inflammatory skin conditions, as they may offer novel therapeutic avenues for patients who do not respond to conventional therapies.

**Conclusion**

The case presented here demonstrates the potential of Atezolizumab in treating severe, refractory psoriasis. It supports the need for further research into the use of targeted therapies in chronic skin diseases, as they may provide significant benefits for patients with limited therapeutic options.
was due to atezolizumab in only 1 case.\textsuperscript{6,9} In a recent series, 66% of patients had a previous history of psoriasis, which, in most cases, was controlled with topical treatment. Given the intensity of skin involvement, it was rarely necessary to suspend treatment or prescribe oral corticosteroids, as in the present case.\textsuperscript{6,9} In most cases, psoriasis is triggered after several doses. In the only case where psoriasis was triggered by atezolizumab, onset was after the first dose, as occurred in the present case.

In terms of etiology and pathogenesis, murine models have shown that PD-1 deficiency increases the likelihood of the psoriasis-like skin disease phenotype and that PD-1 can play a regulatory role in the development of the disease.\textsuperscript{10} Under normal conditions, the PD-1 pathway maintains normal immune homeostasis, which prevents autoimmune reactions or damage to healthy tissue. T-cell activation induced by PD-1 inhibitors—together with other factors—can contribute to development of psoriasis or exacerbations of existing psoriasis.\textsuperscript{11}

The low number of cases of psoriasis associated with atezolizumab is probably due to the mechanism of action, which spares PD-1 and PD-L2 binding. Owing to the different nature (IgG4 isotypes or IgG1 isotope), mechanisms of action, and antitumor action of anti–PD-1 and –PD-L1 agents, it has been recommended not to consider them as a group.\textsuperscript{9}

**Conflicts of Interest**

The authors declare that they have no conflicts of interest.

**References**