

There are more than 80 identified autoimmune diseases. One of the most prevalent ones is psoriasis. Its prevalence is around 2–5 % worldwide. The treatment of this inflammatory skin disease can be divided as follows: in cases of low severity, topical therapies are used for local treatment and in the cases of insufficient effect, stronger therapies are used. Phototherapy is used for moderate severity, and systemic therapy is used in moderate to severe disease. Systemic agents include cytostatic methotrexate, immunosuppressant cyclosporin, or retinoids (vitamin A analogues). However, even systemic therapies may not yield the desired effects or may have adverse effects on the overall condition of the patient. In those cases, biological therapy comes to use.

Biological therapy is usually conducted using antibodies and fusion proteins, which are made using recombinant technologies. Tumour necrosis factor α (TNF- α) and interleukin 12, 17 and 23 (IL-12, IL-17 and IL-23) inhibitors are the most commonly used in the treatment of psoriasis. During the inhibition of the immune system, it has been confirmed that a reactivation of viral infections can occur. These reactivations may subsequently lead to the development of various diseases caused by latent viral infections.