Psoriasis

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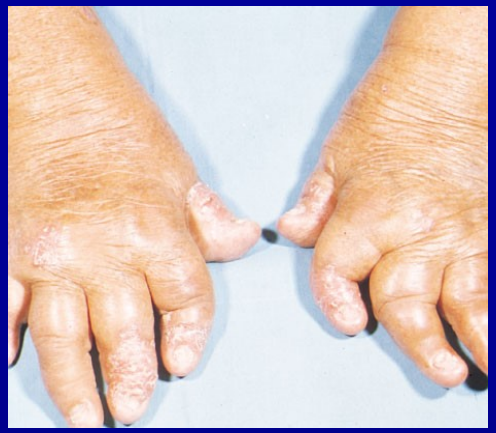
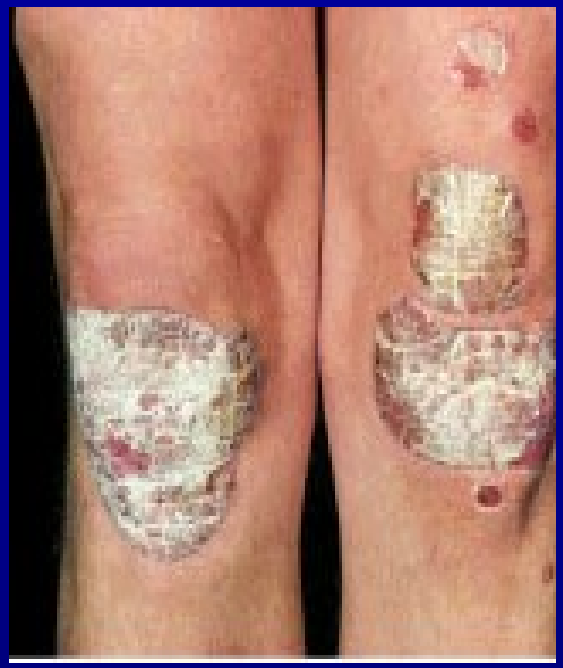
MCPS [medicine], FCPS [dermatology]

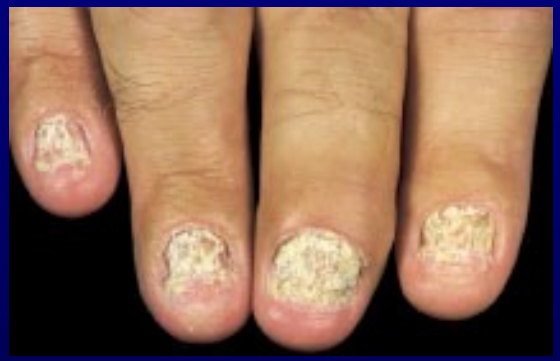

SKIN-K
JAN 15 2003

Definition





- Chronic disease
- Dull-red scaly lesions esp. over extensors
- Morphologic variants common
- Nail and joint involvement frequent



Etiology & pathogenesis

- Genetic Predisposition
- Provocating factors
- T-lymphocytes immune mechanism
- Inflammatory infiltrate
- Increased epidermal thickness
- Dilated dermal vessles

Provocating factors

- Infection *esp. streptococcal sore throat*
- Trauma *(Koebner phenomenon)*
- Drugs *e.g. B-blockers, antimalarials etc*
- Hypocalcaemia
- Stress

Clinical features

Age of onset

- *Any*
- *Commonly 16-20 years*

Sex

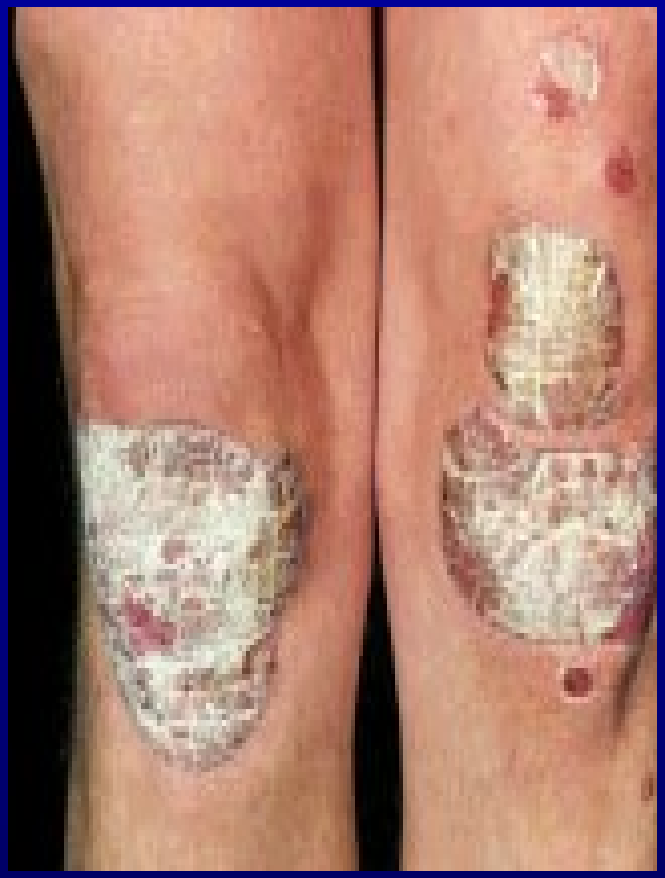
- *Equally*

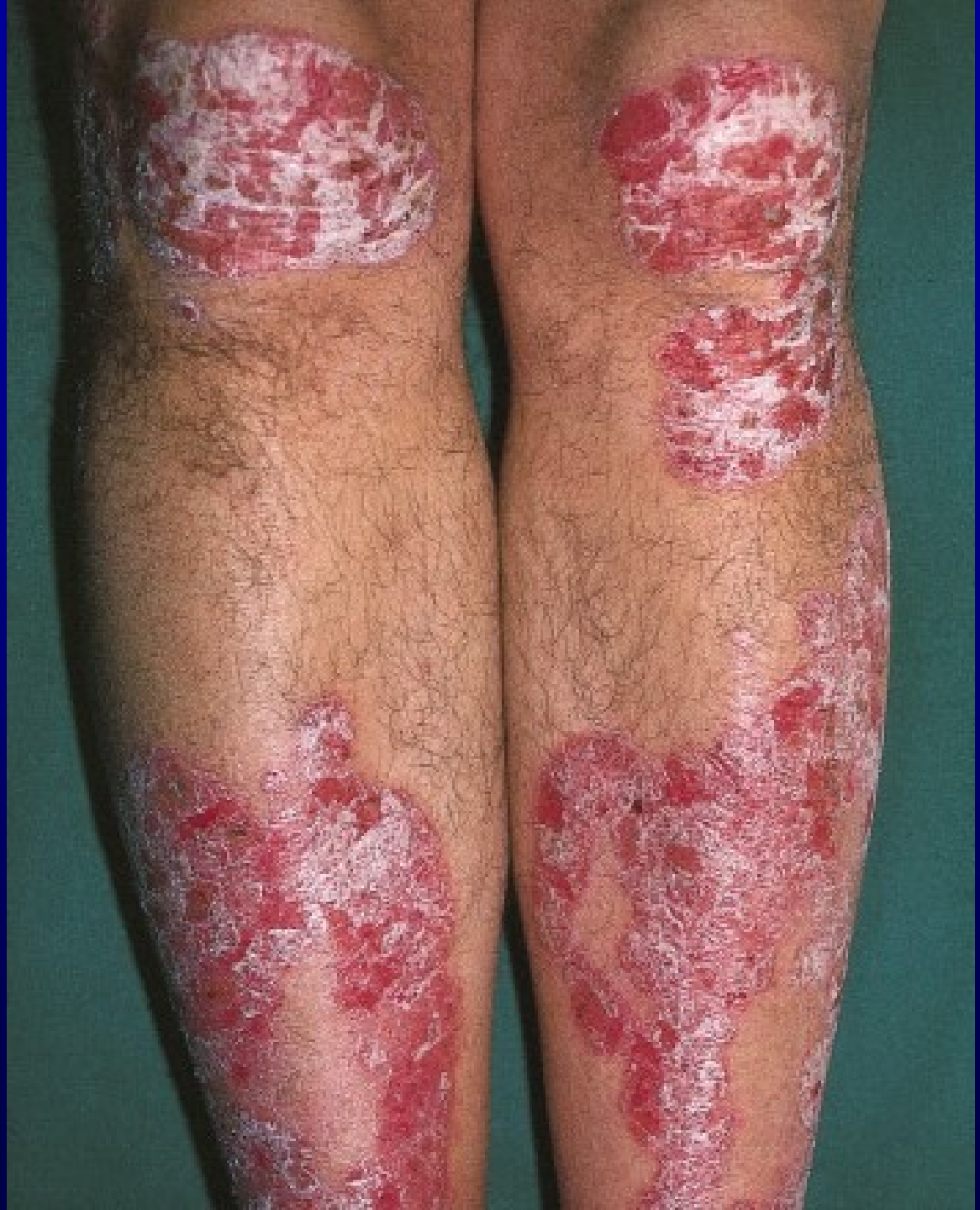
Clinical types of psoriasis

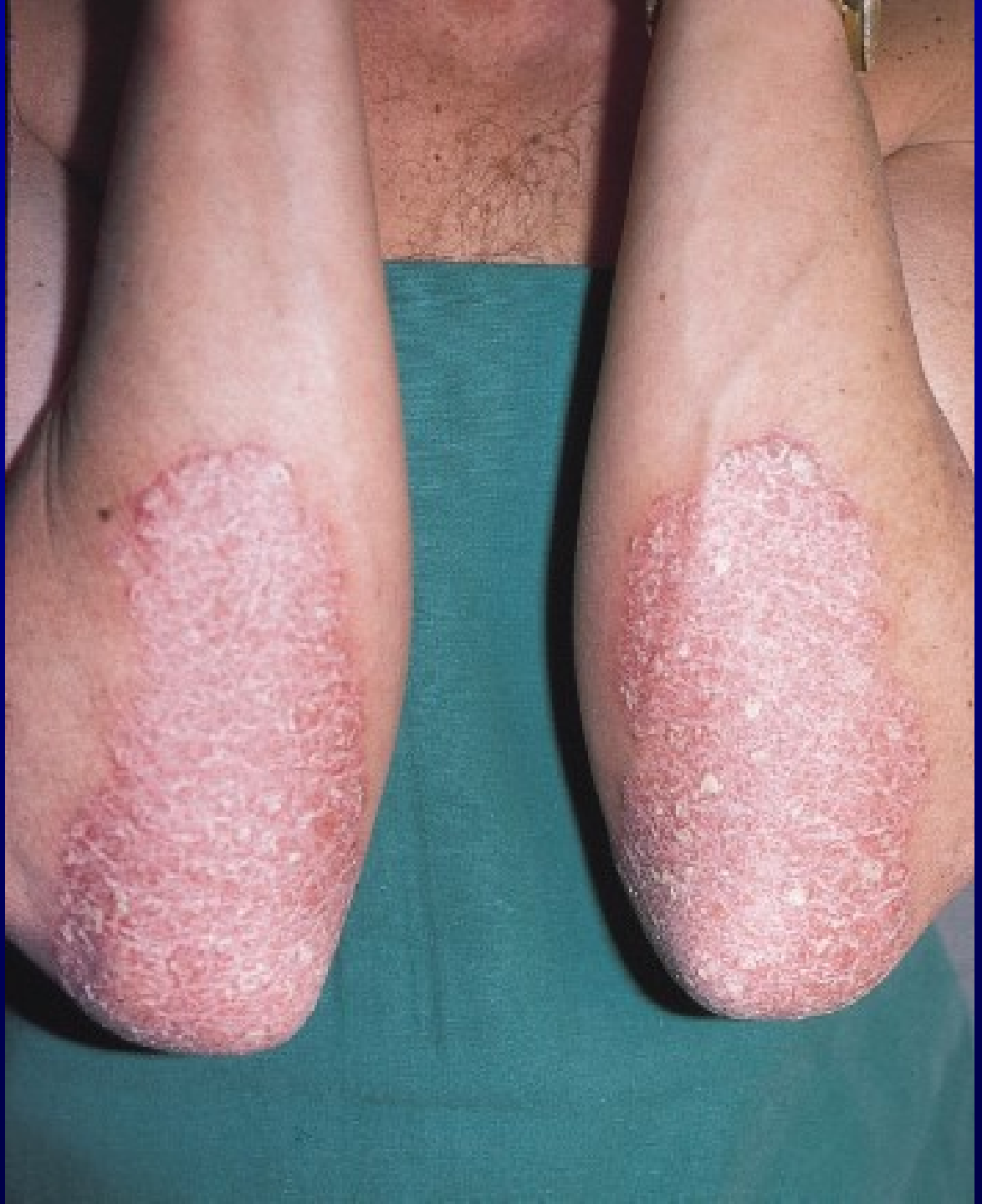
- Chronic plaque *(psoriasis vulgaris)*
- Guttate
- Pustular
- Erythrodermic
- Arthropathic

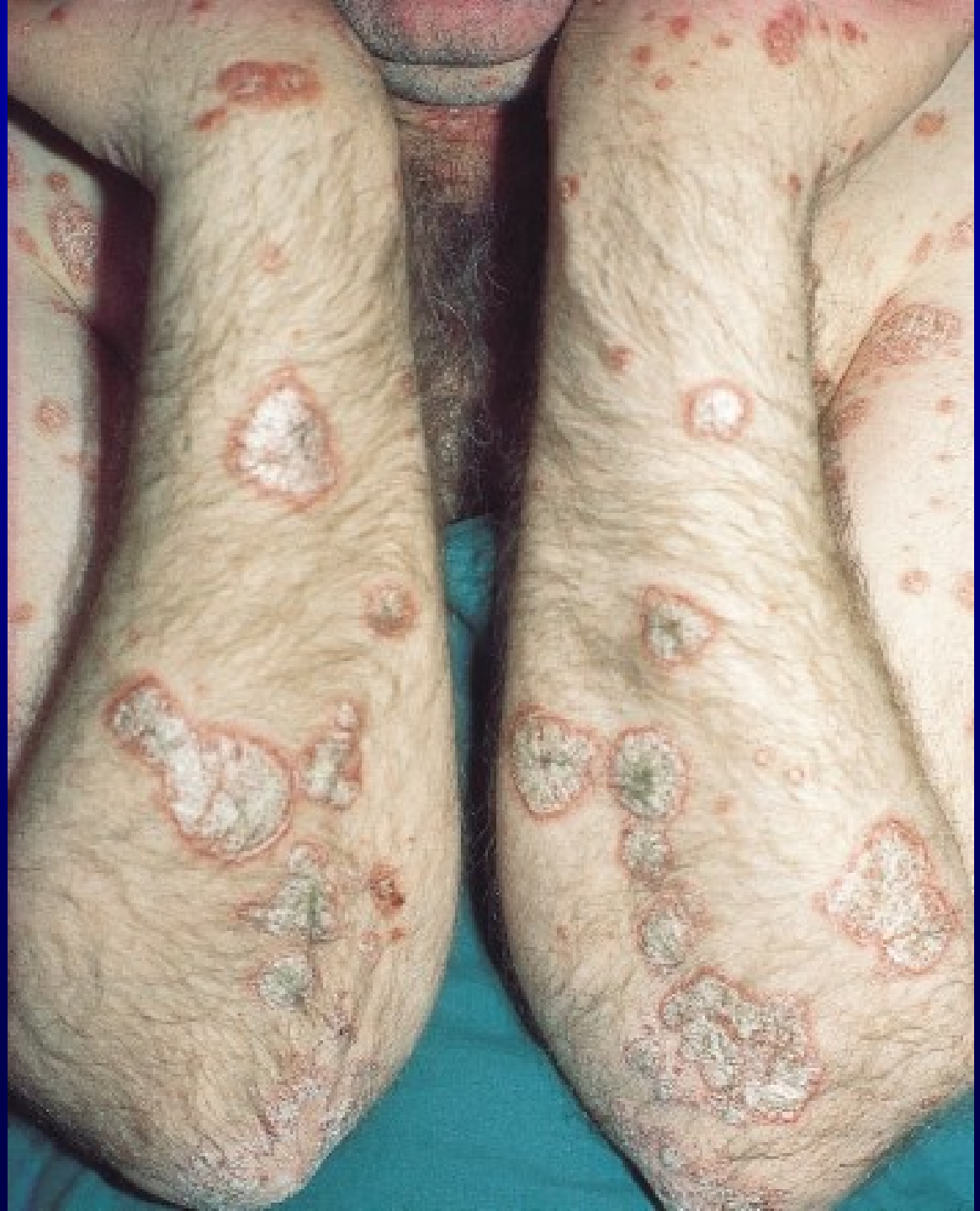
Chronic plaque Psoriasis vulgaris

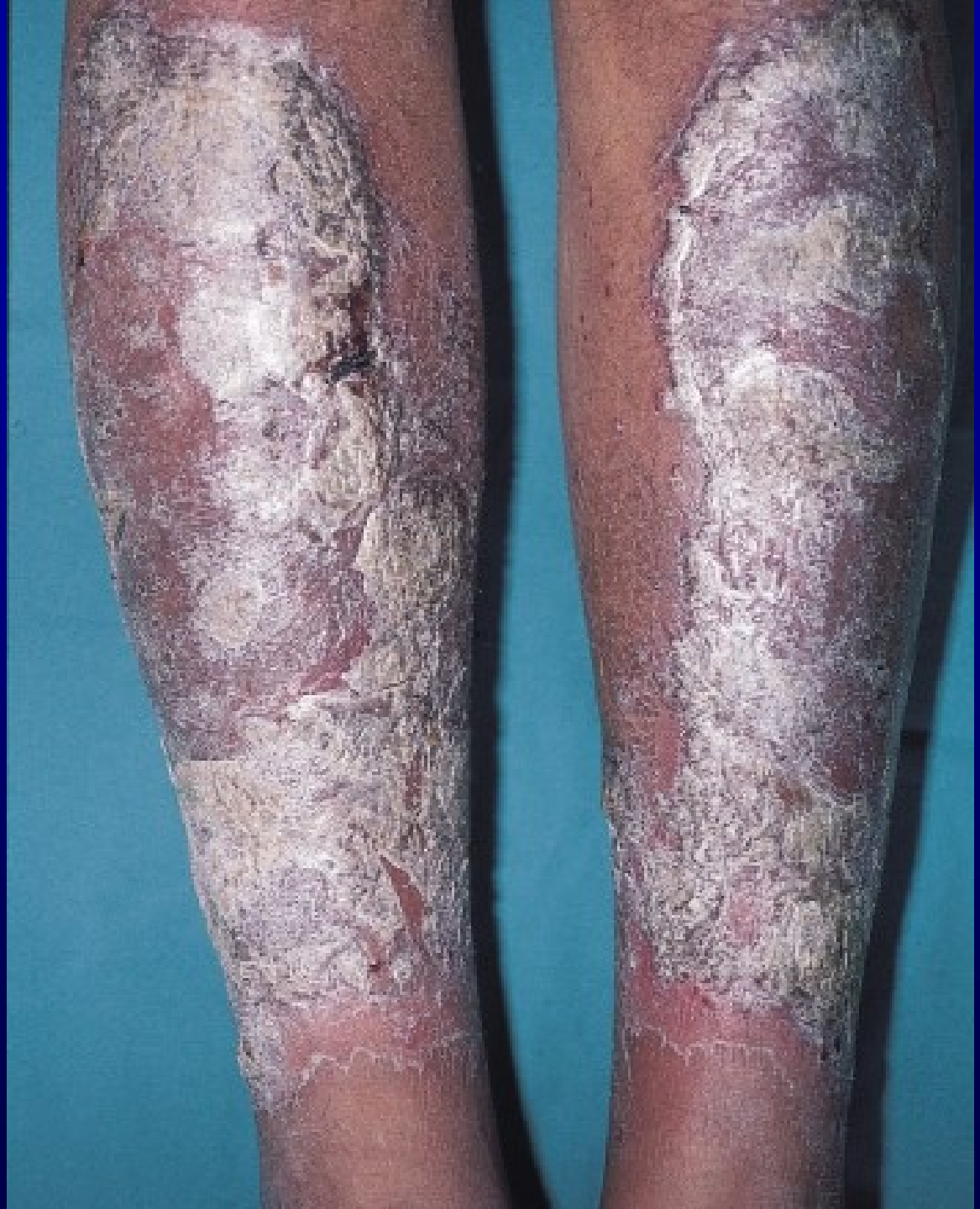
- Commonest
- *Dull-red, well-defined*
- Scaly (silvery) papules & plaques
- *Round, oval, nummular, annular*
- Extensors & scalp commmonly

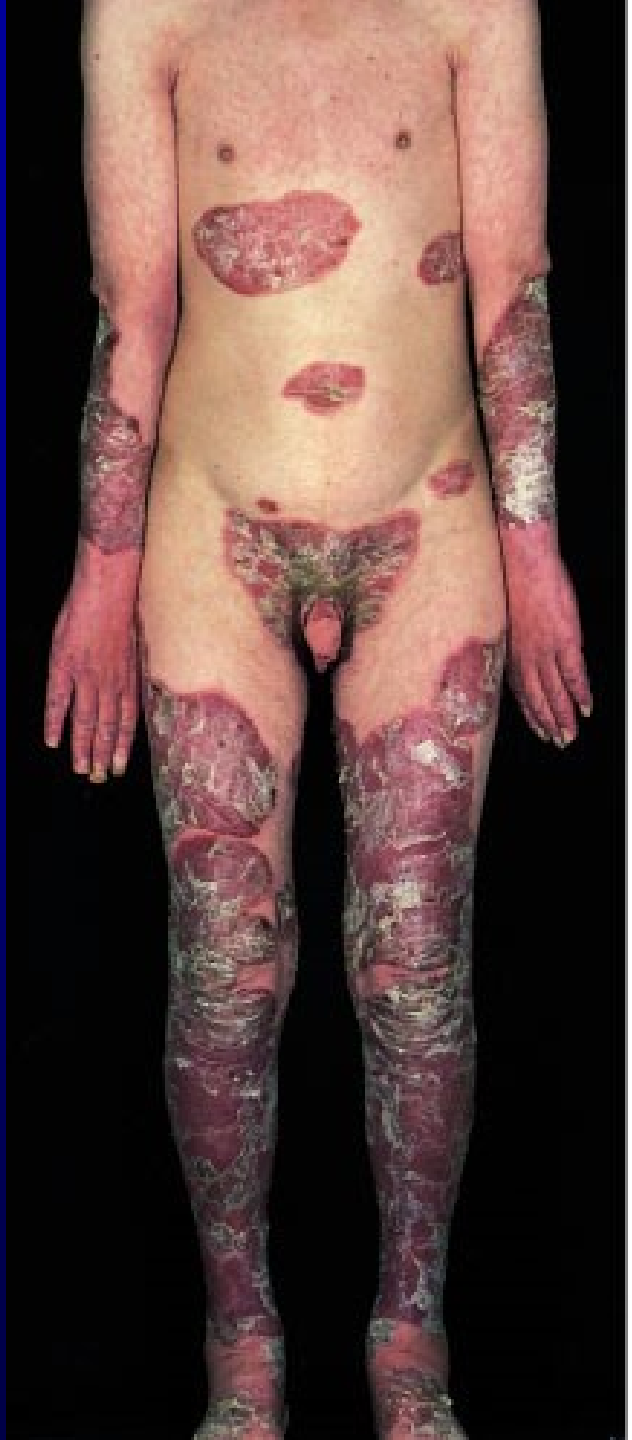


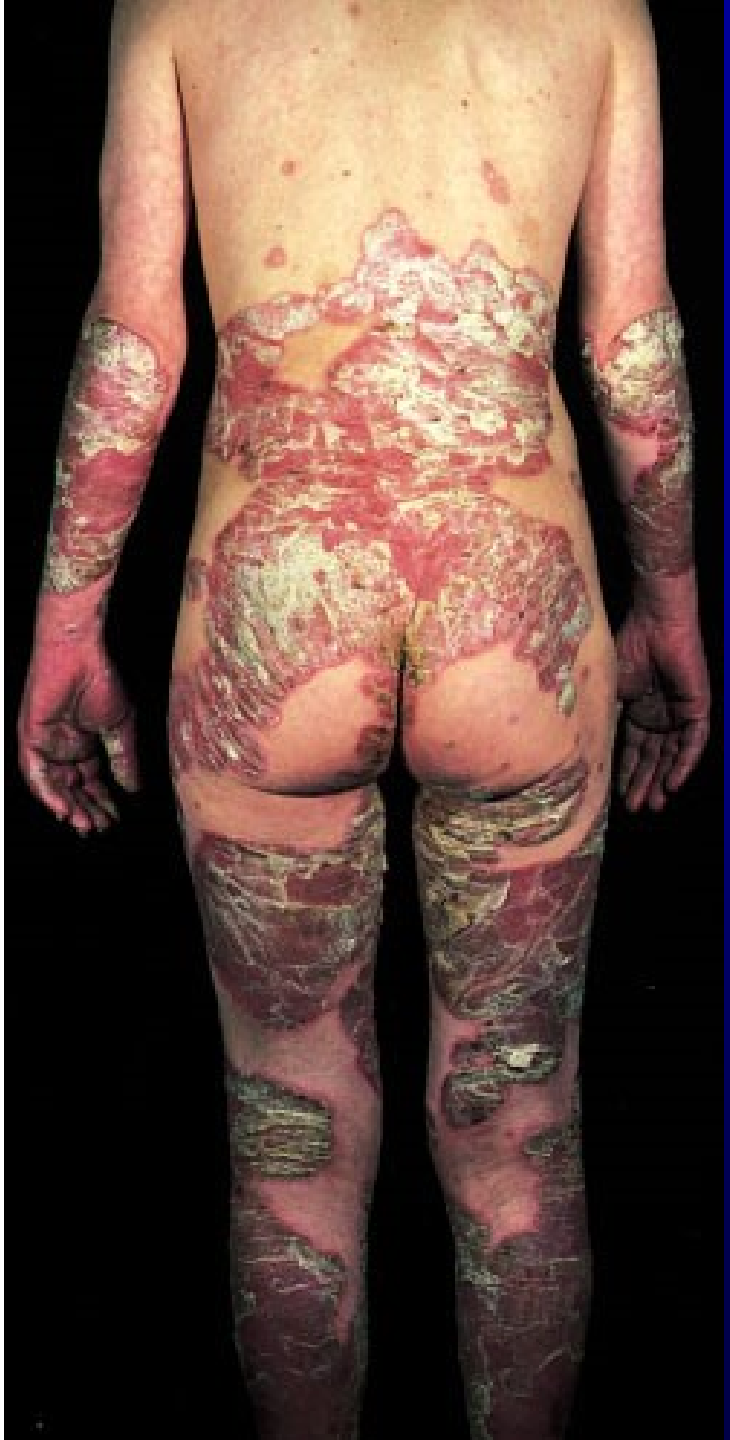


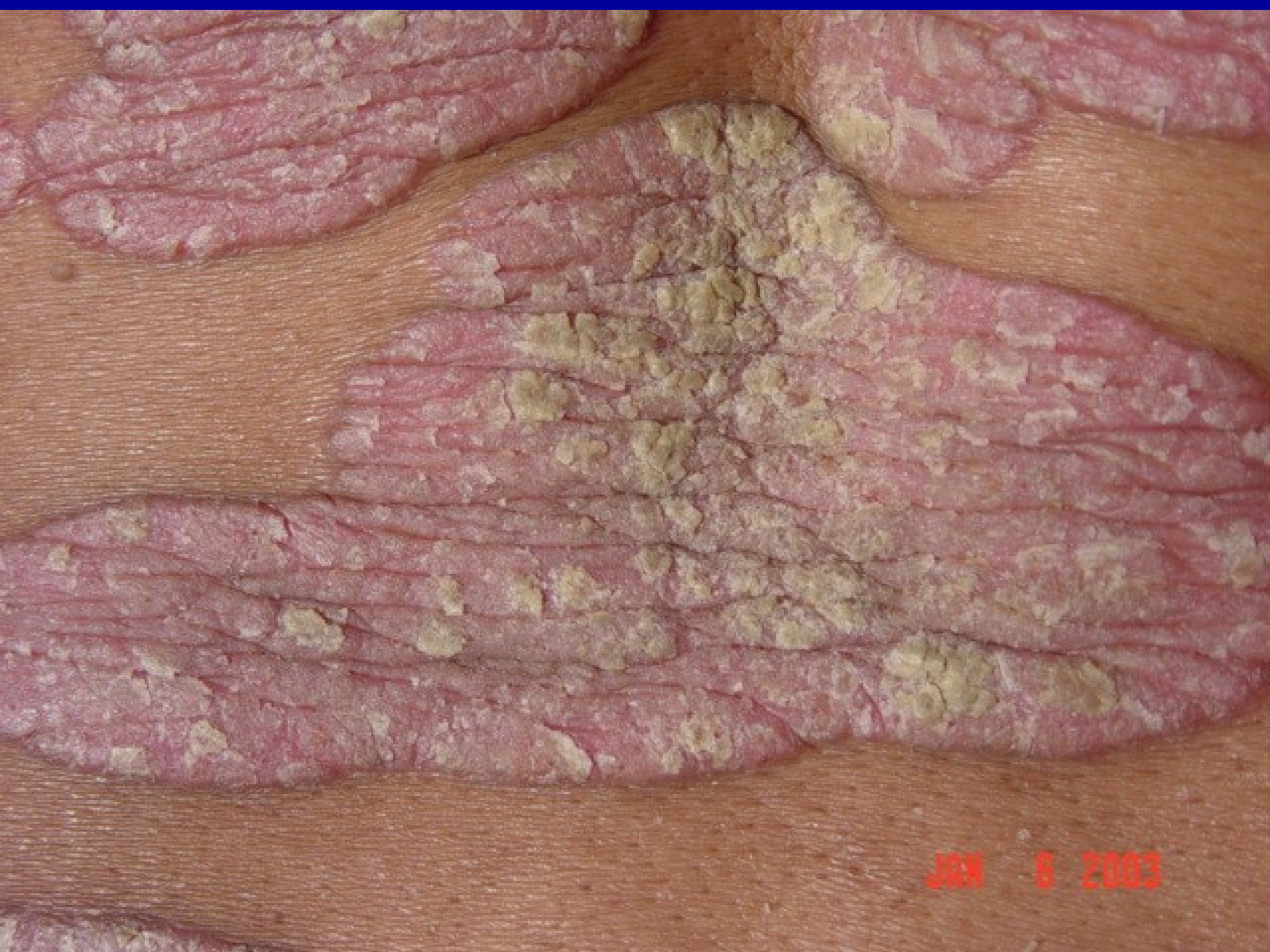








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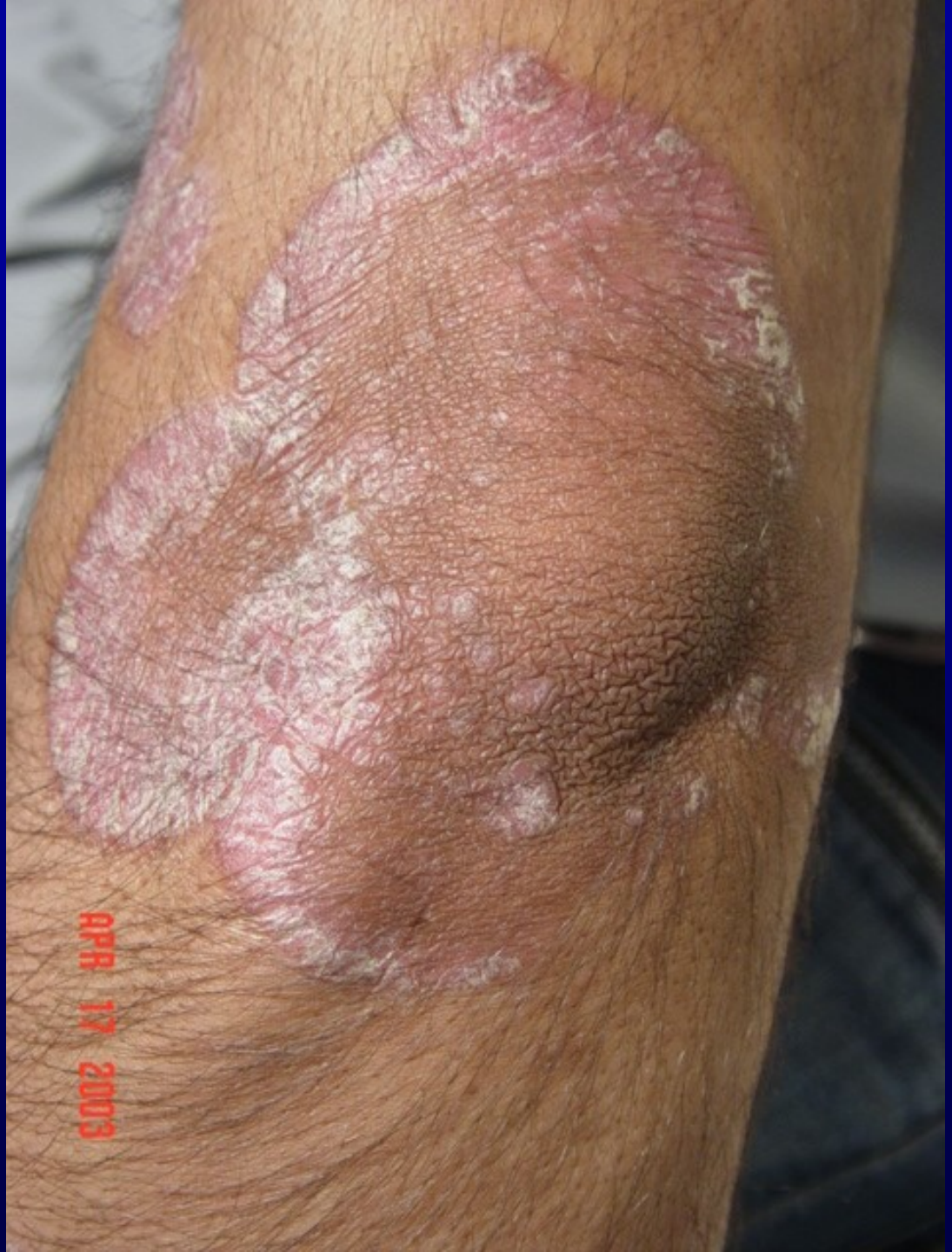
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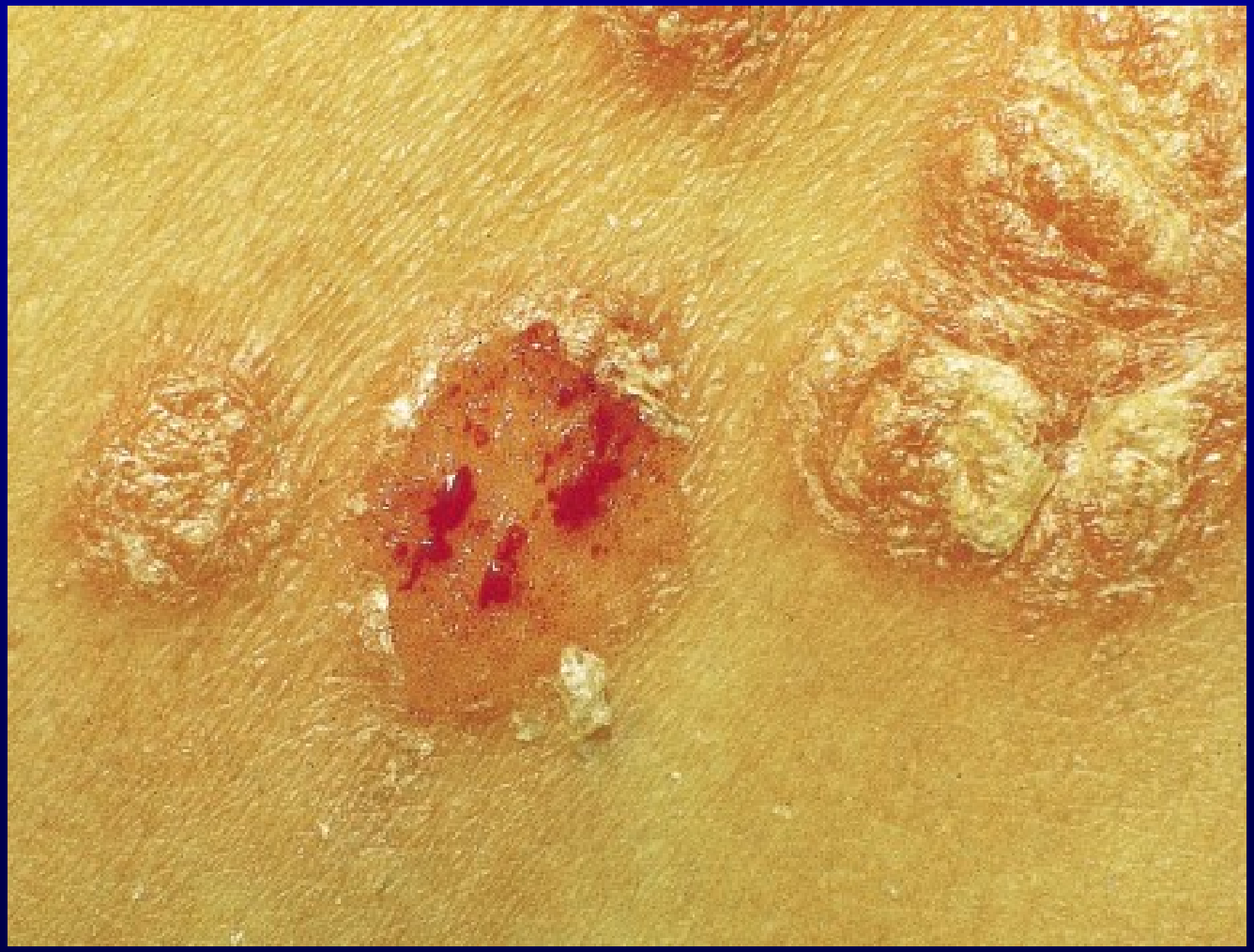
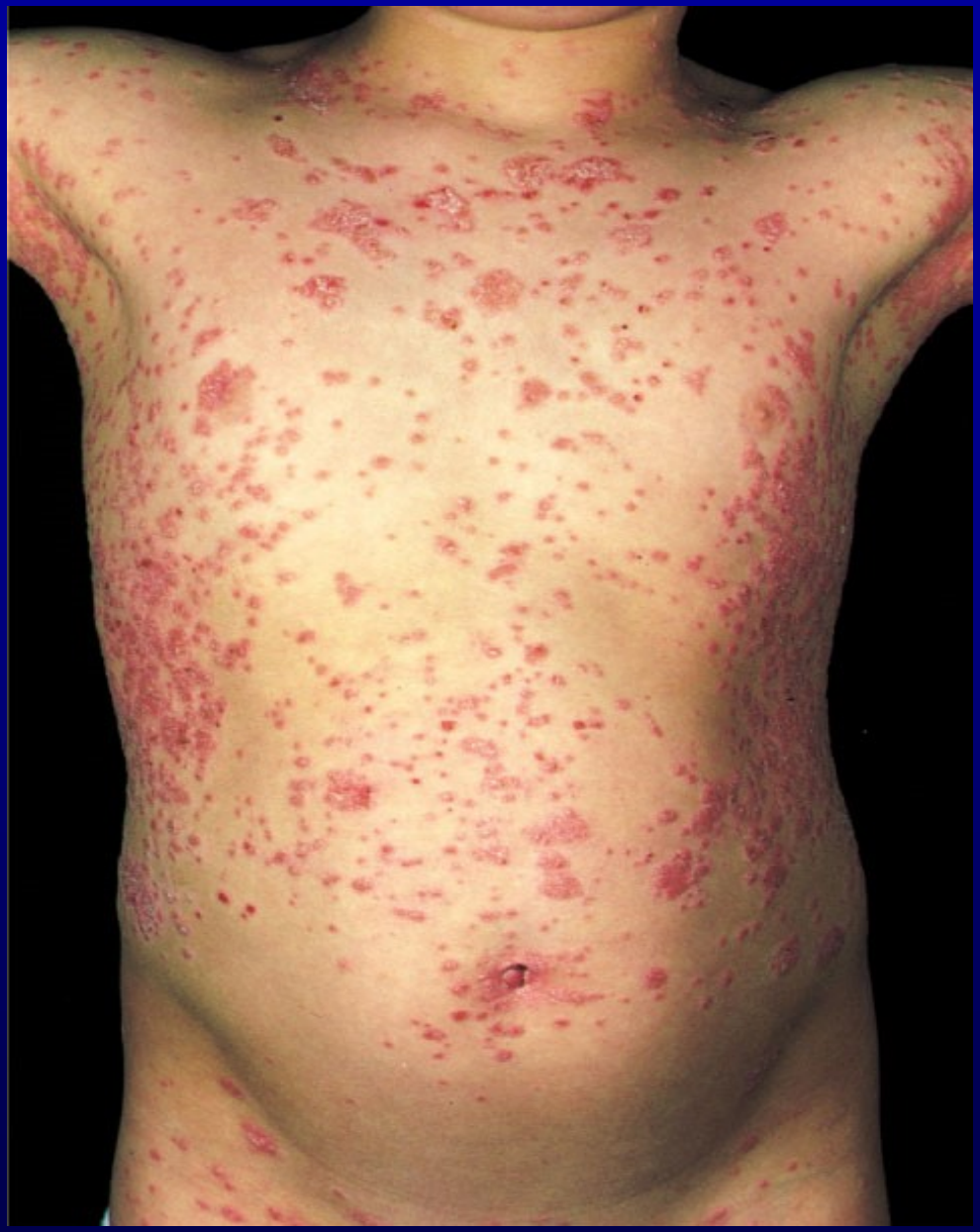
Auspitz Sign



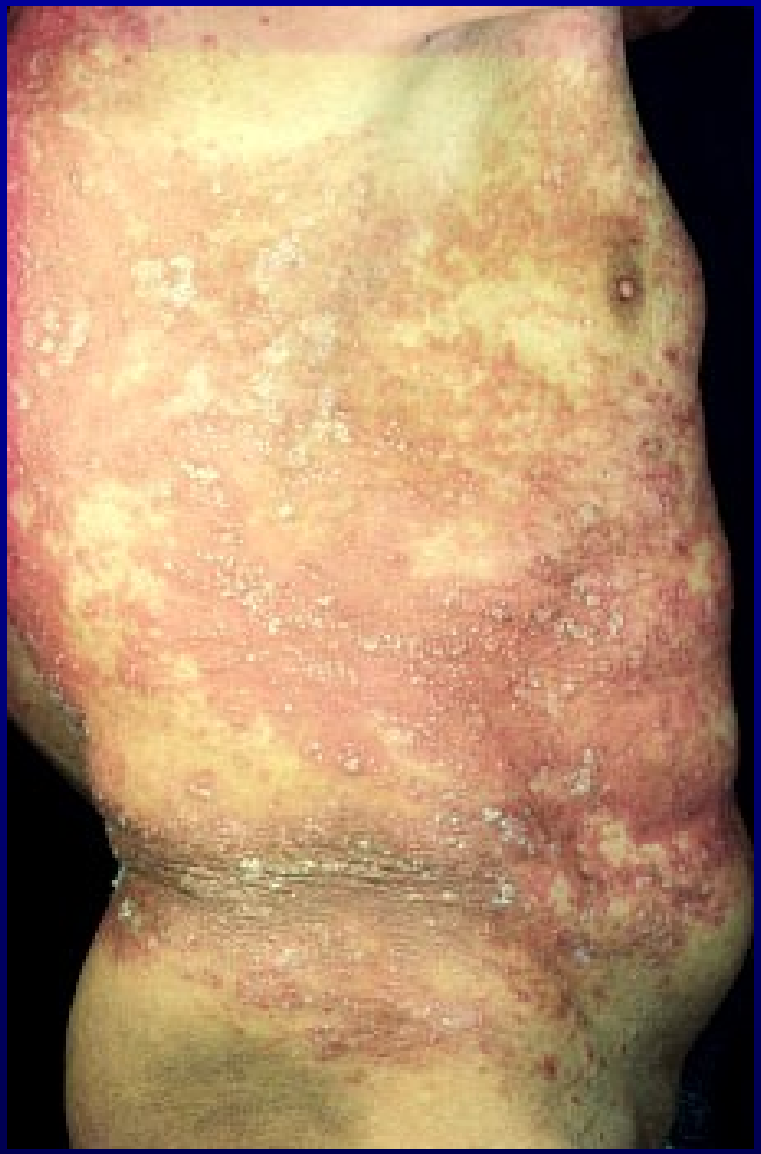
Guttate psoriasis

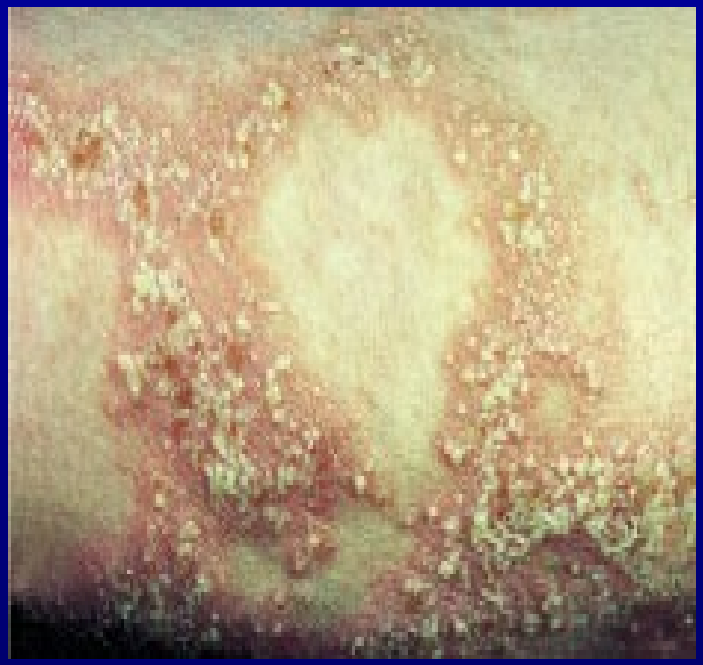
- Minute, generalized, erythematous, mildly scaly papules
- Preceding streptococcal infection
- Common in children

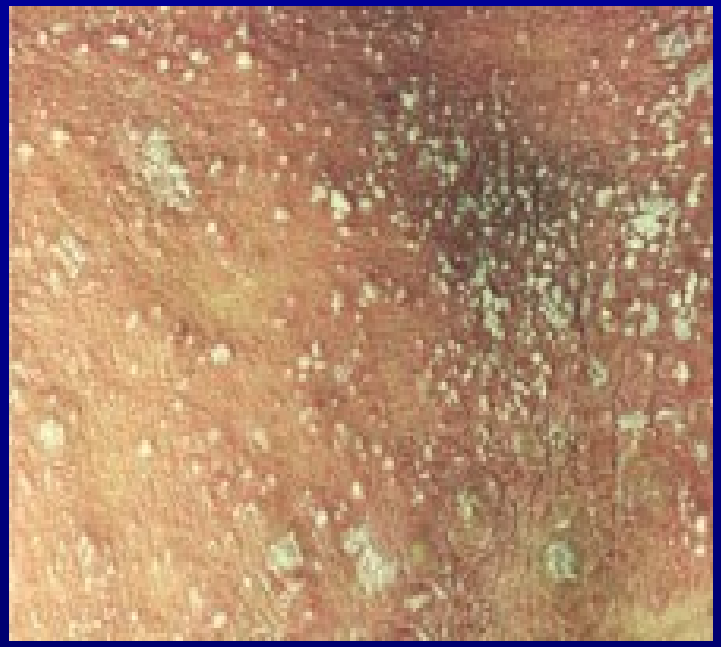


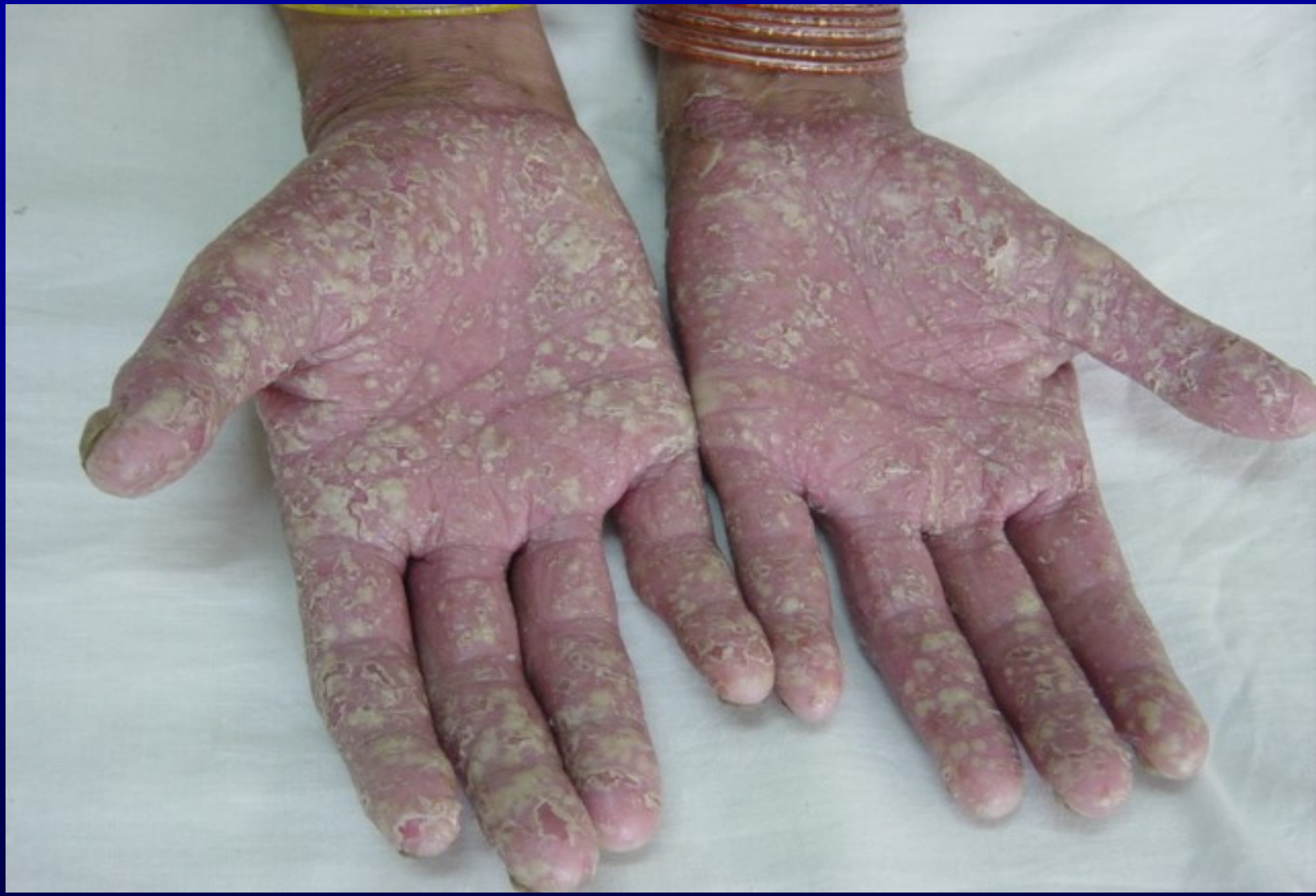
Pustular psoriasis

- Acute eruption of generalized, sometimes localized pustules
- Constitutional symptoms common
- *Complications frequent*



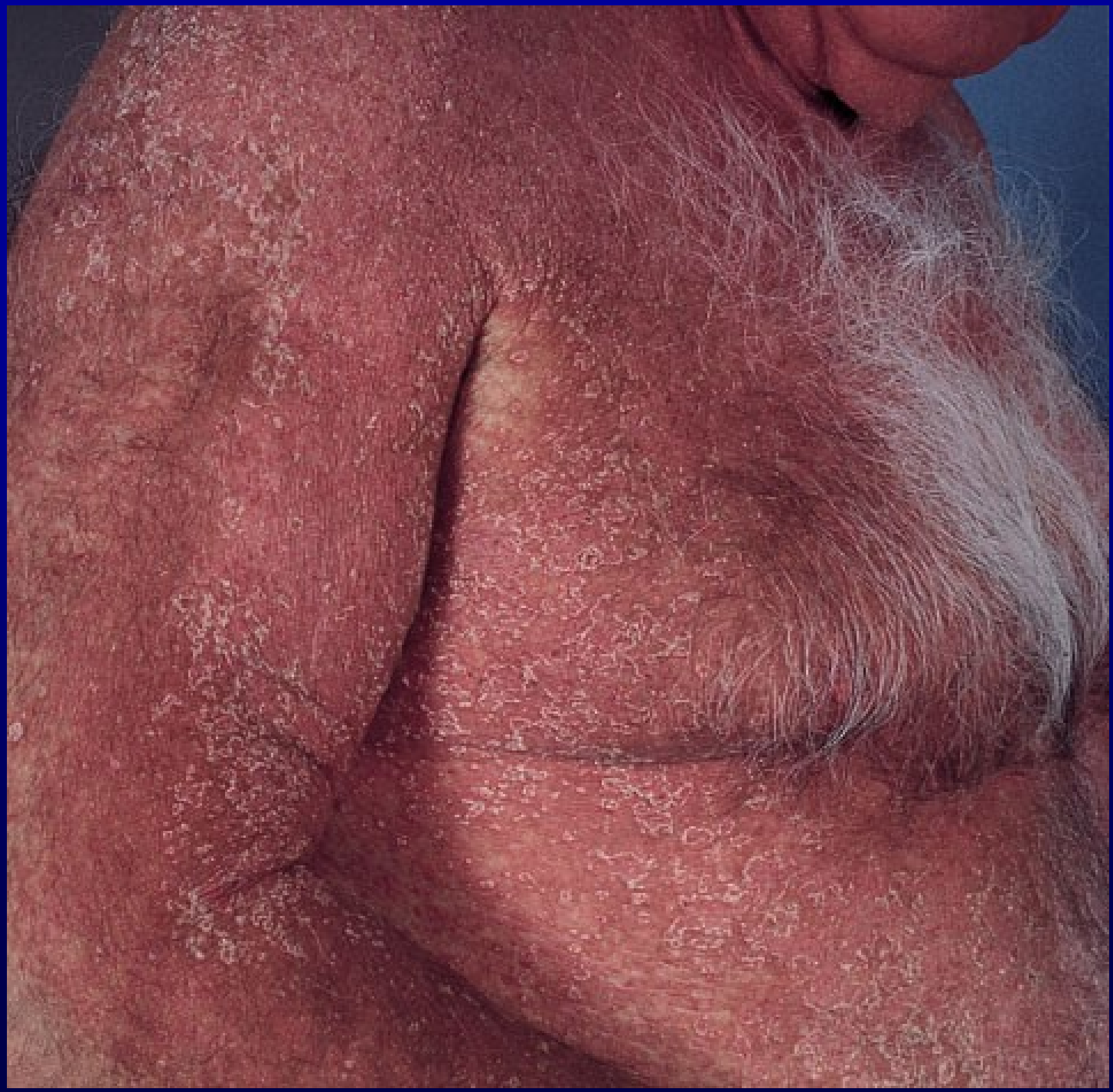


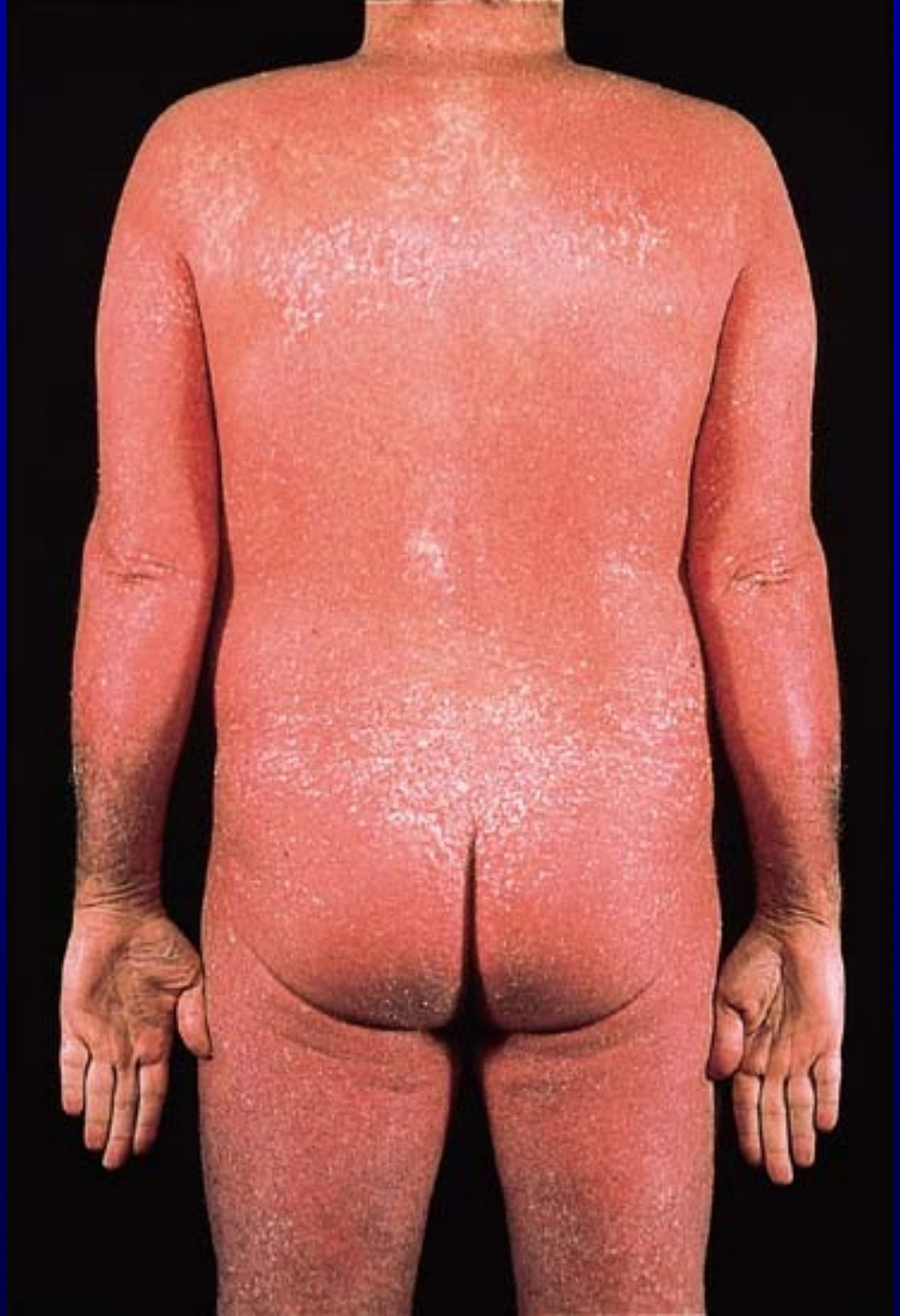




Erythrodermic psoriasis

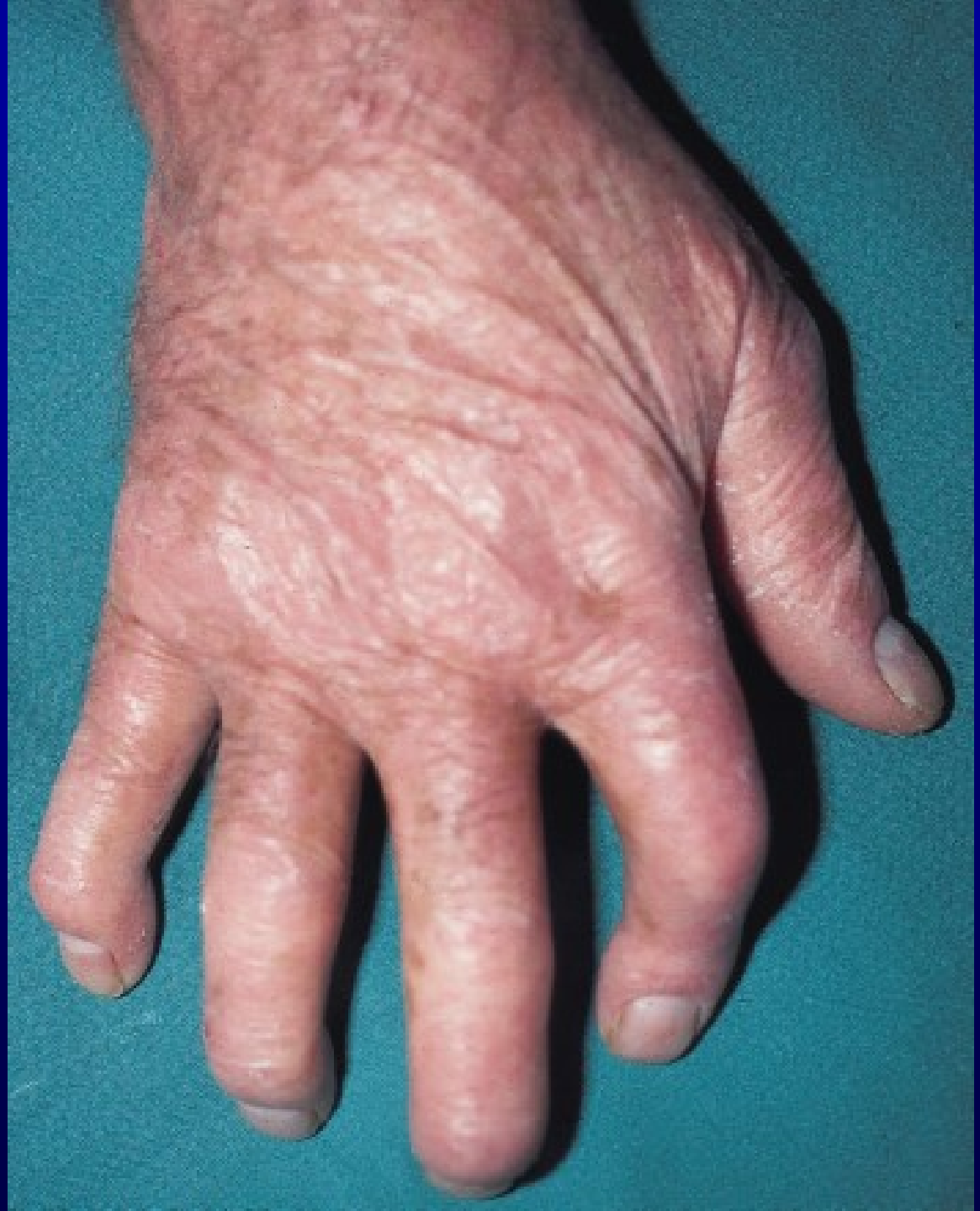
- Generalized erythema & scaling *(>90% body surface area)*
- *Provocating factors*
  - *Infections*
  - *Steroids*
- *Complications frequent*

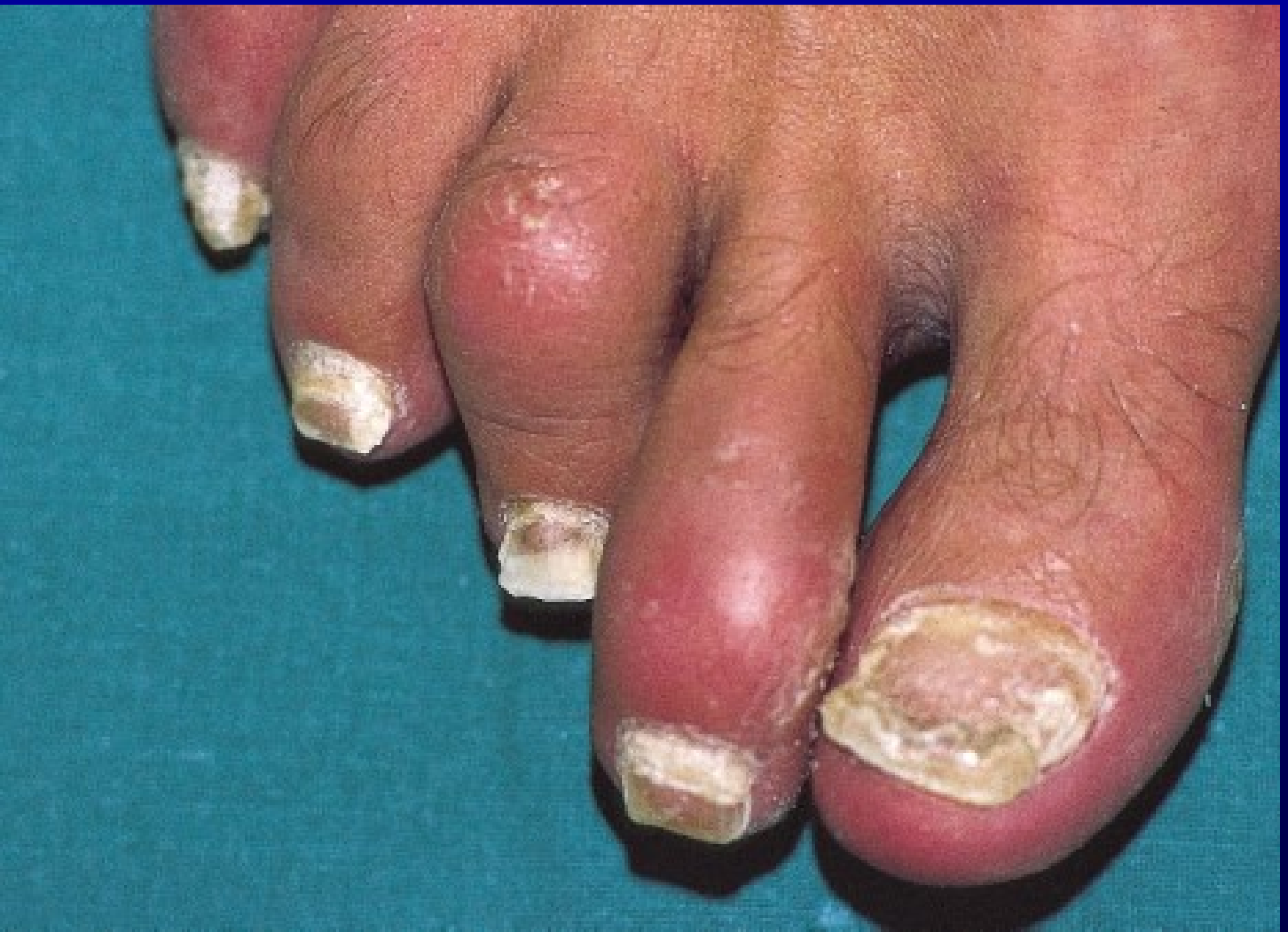


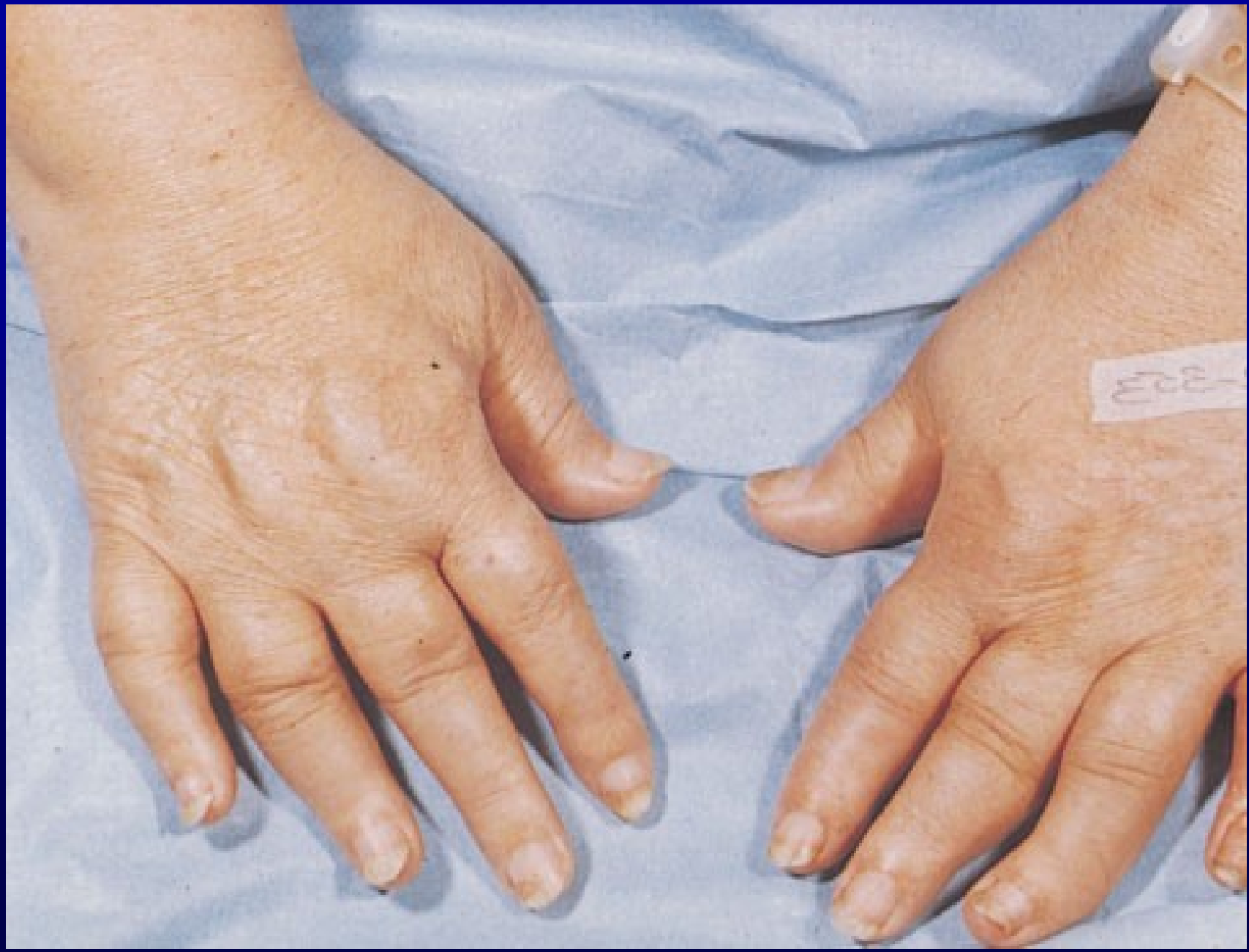


Arthropathic psoriasis

- 7-40% of psoriatics

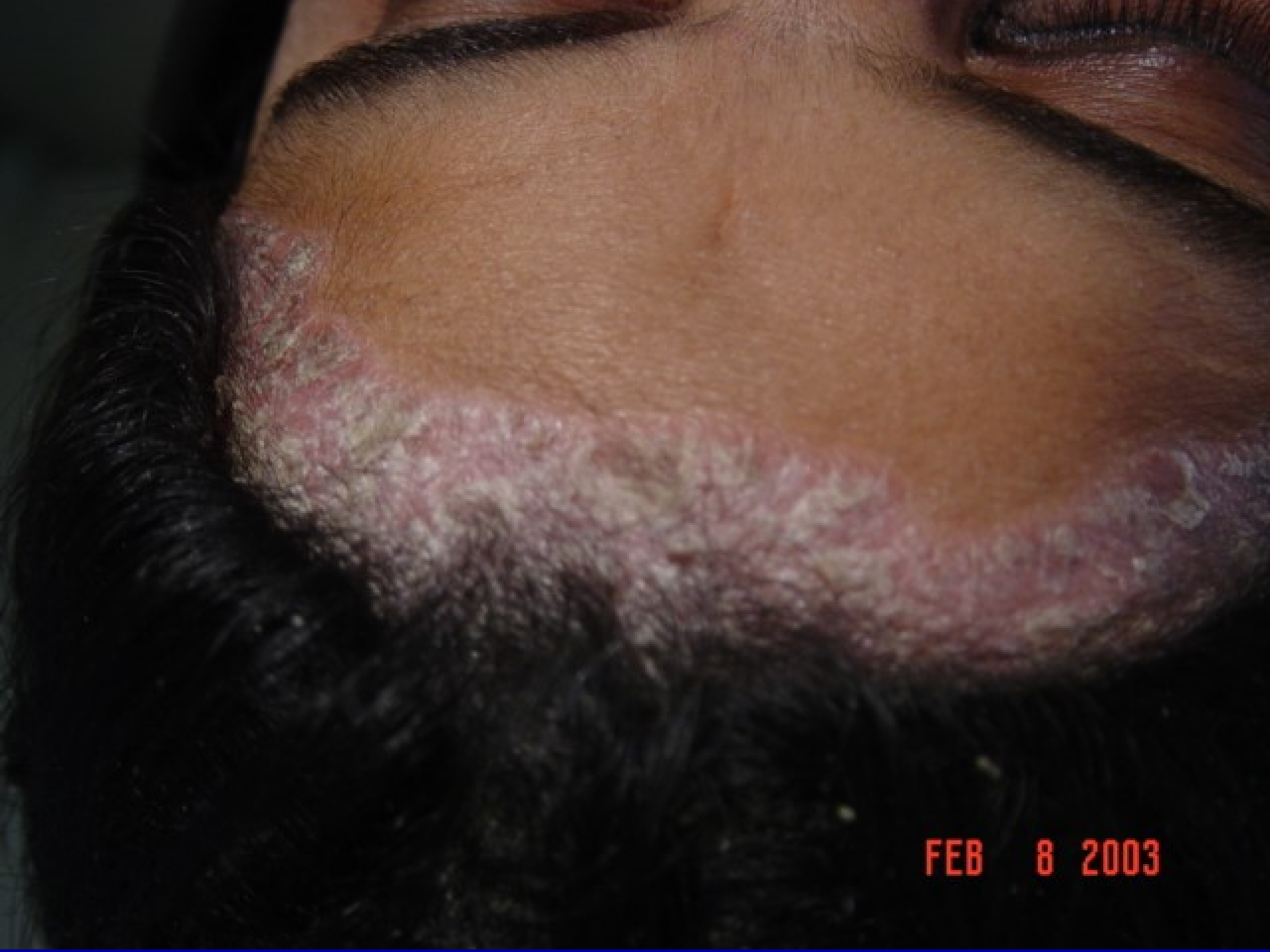






Modification by site

- *Scalp*
  - *Scaly plaques*
  - *Diffuse scaling*
  - *May be the only manifestation*
  - *Commonly no hair loss*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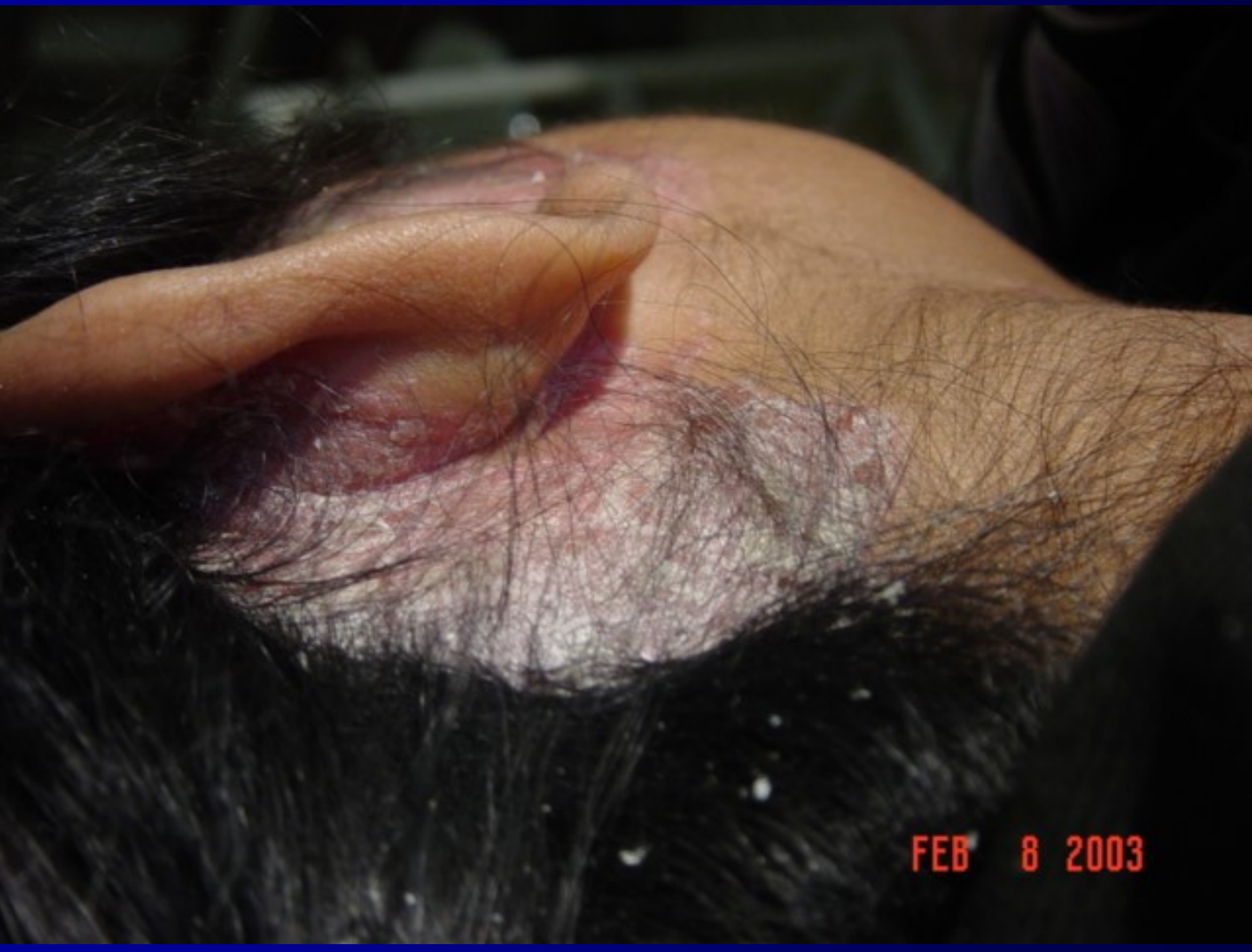
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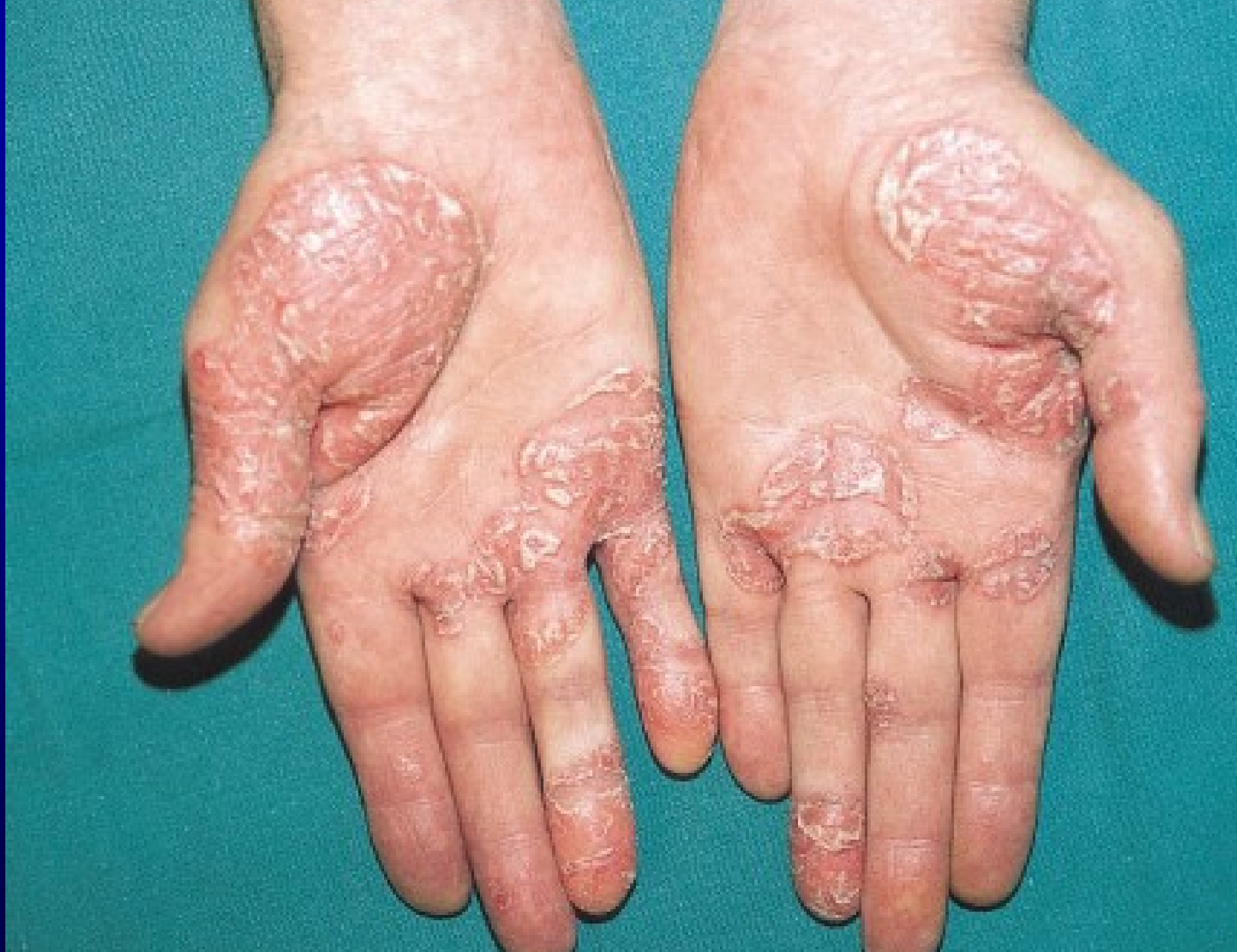
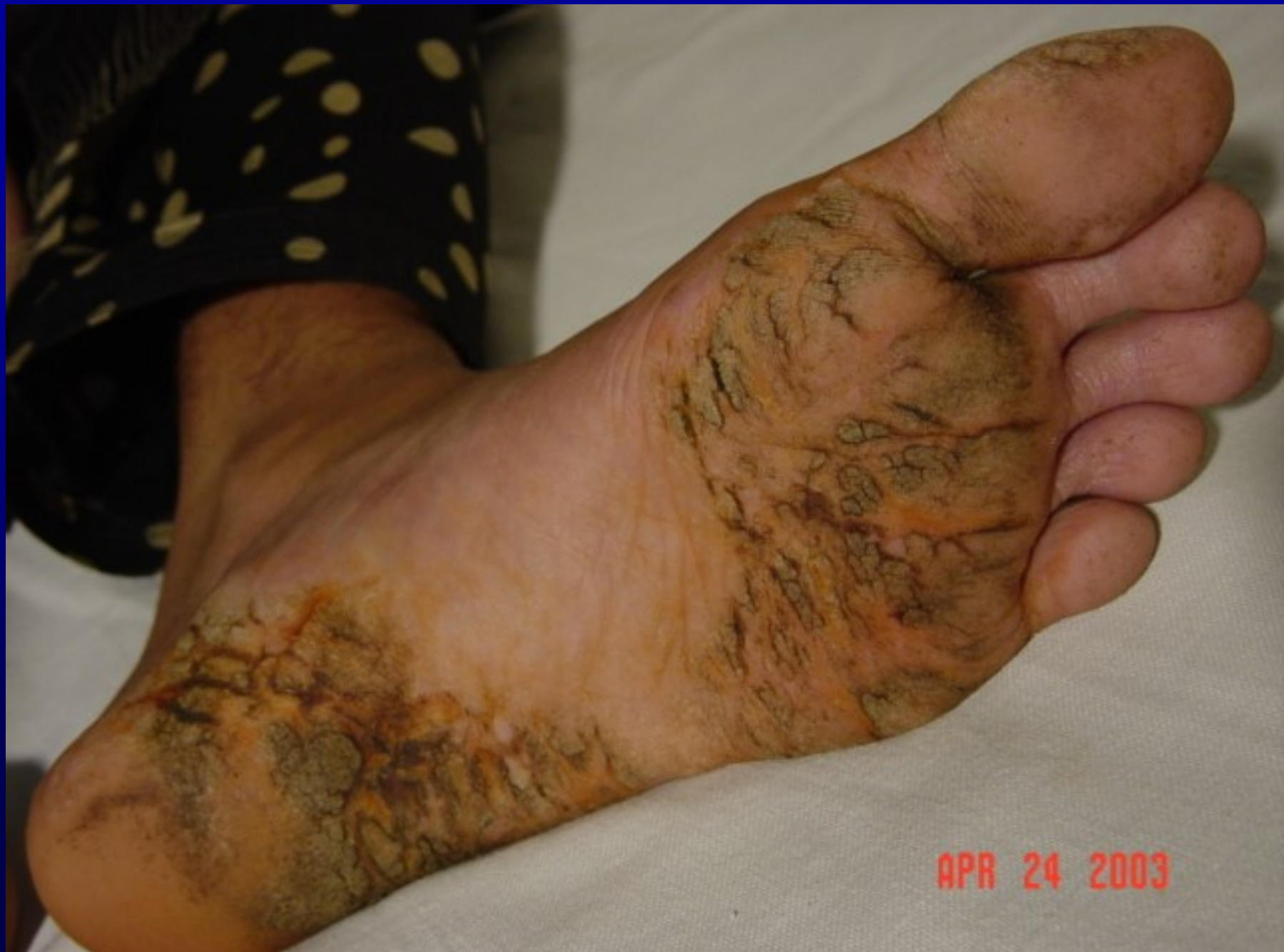
Modification by site

Hands & feet

- Typical scaly plaques
- Diffuse involvement (*keratoderma*)

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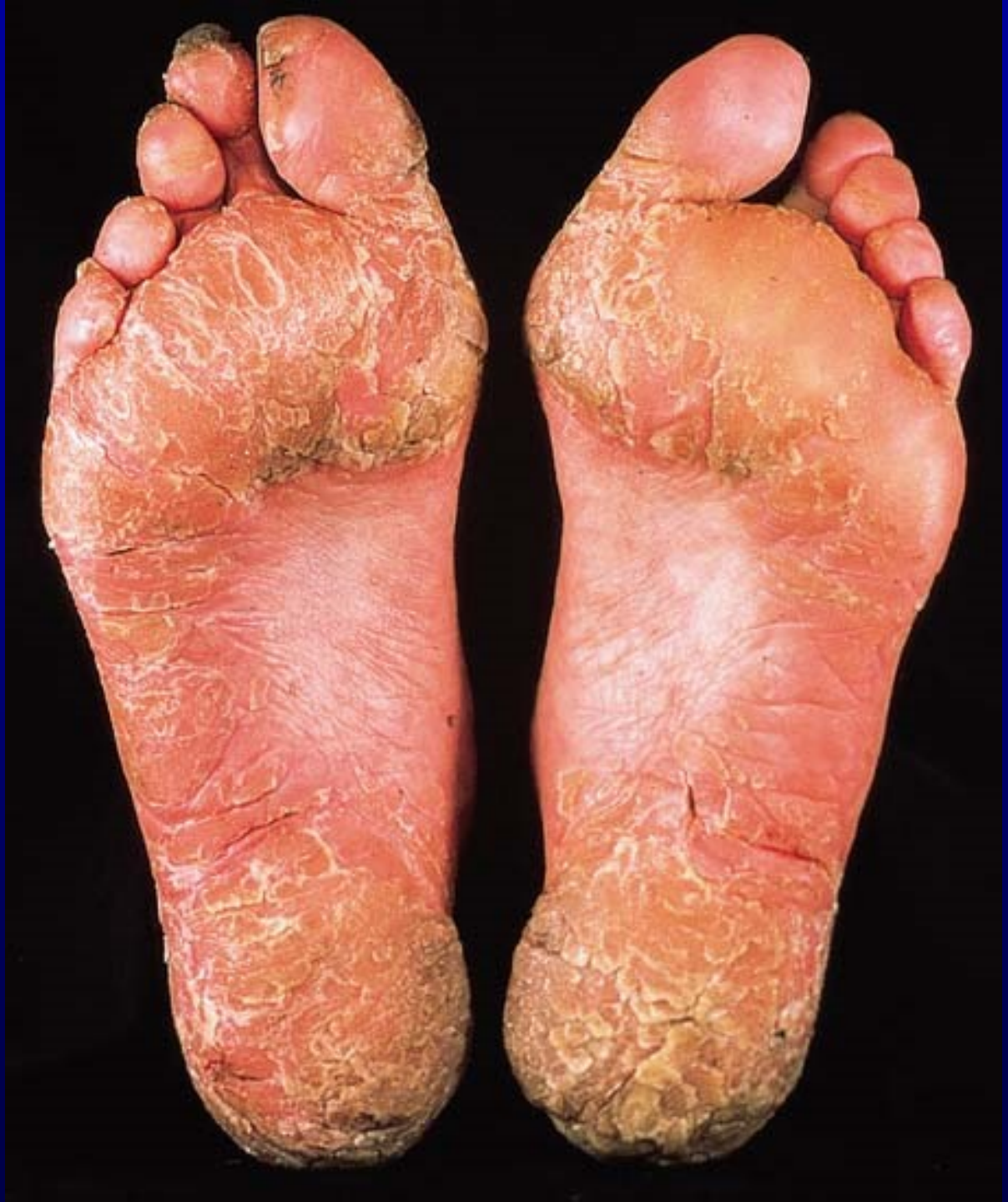
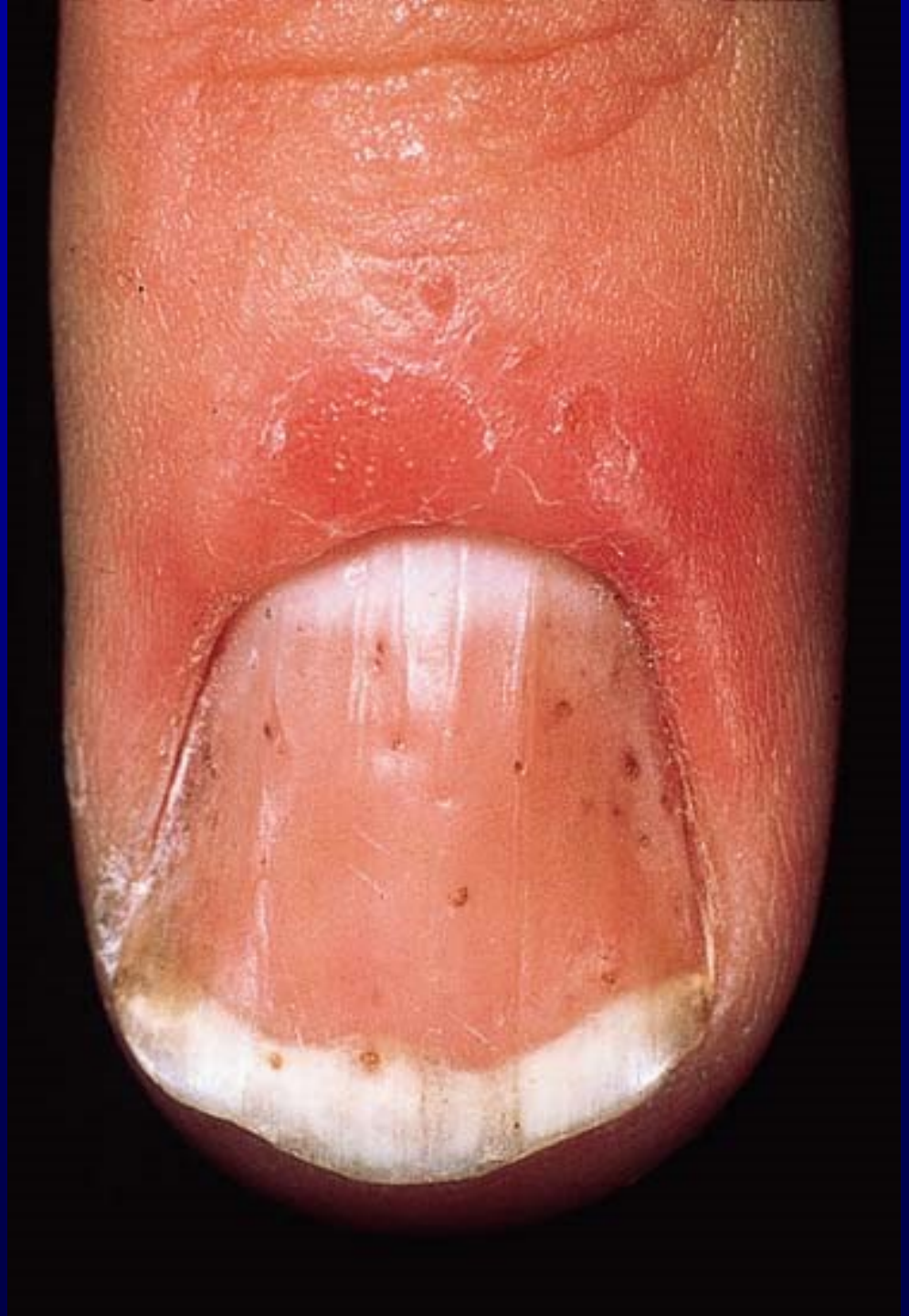
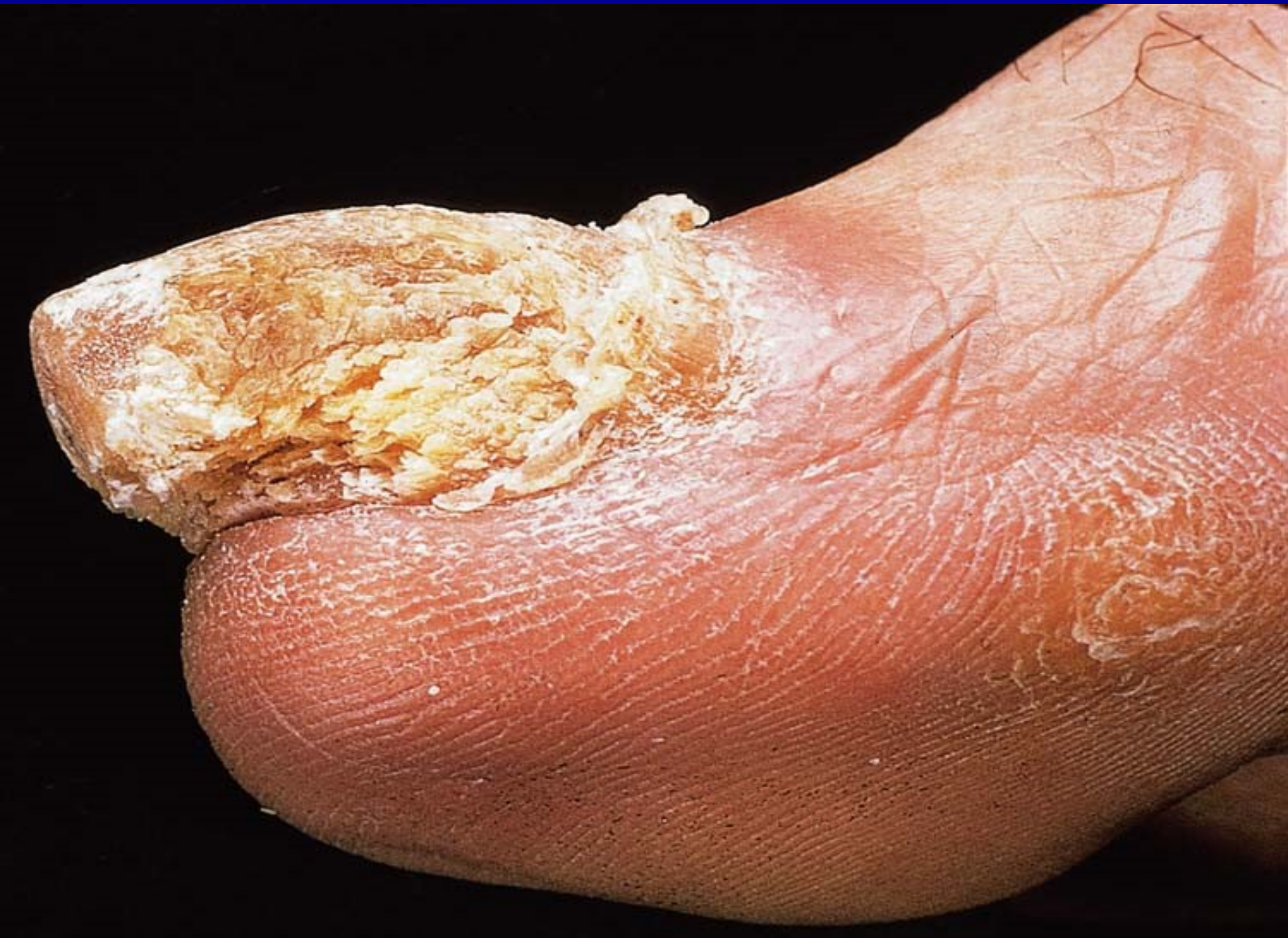


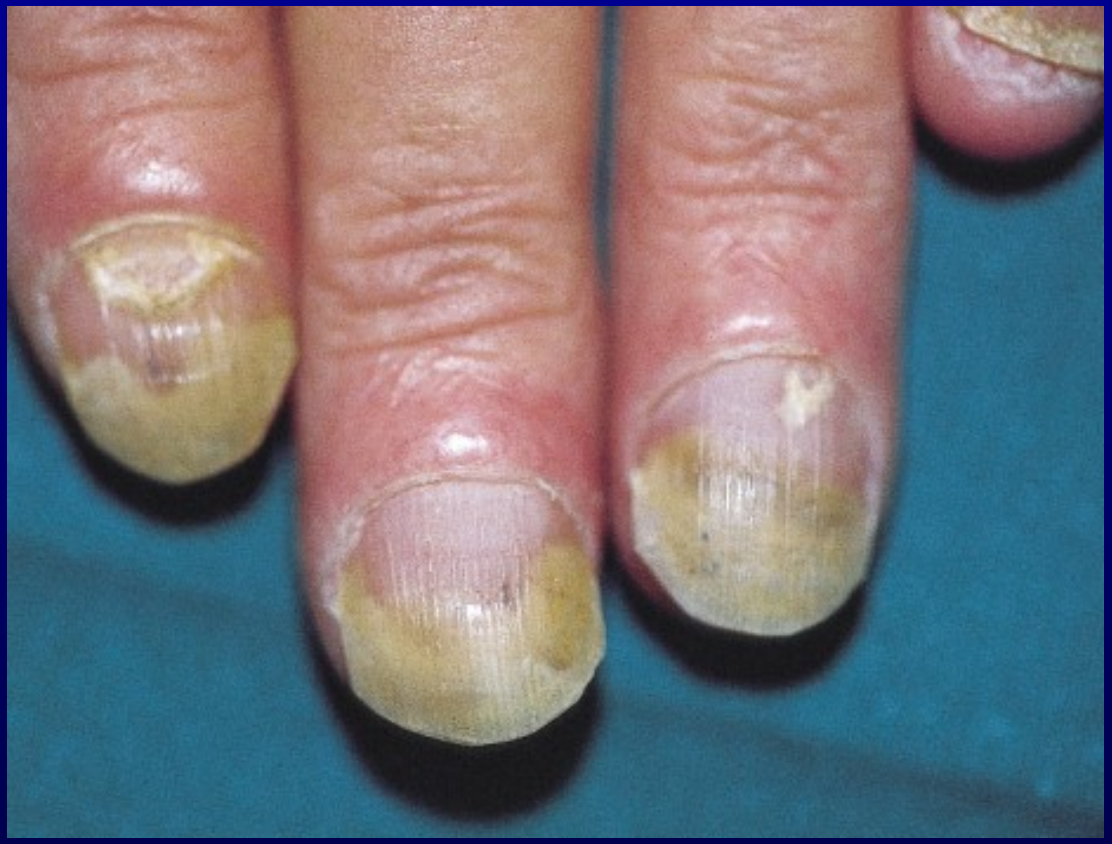
Modification by site

Nail involvement

- 25-50% of psoriatics
- Pitting most common
- Thickening







Frequently asked questions by patients

- Is it contagious?
- No
- Is it pre-malignant?
- No
- Is it familial?
- Yes

Frequently asked questions by patients

- Is isolation required?
- No
- Is it permanently cured?
- No
- Can it be effectively controlled?
- Yes
- Is there any diet restriction
- No

Treatment Modalities

- *Topical*
- *Systemic*

Mechanism of actions

Immune-modulation

Anti-inflammatory

Anti-mitotic

Keratolytics

Topical Agents

- Emolients
- Salicylic Acid
- Tar
- Dithranol
- Vitamin-D analogue
- Topical Steroids

Systemic Agents

- Methotrexate: 7.5-30 mg once a week
- Retinoids: 0.5-1 mg/kg/day
- Cyclosporin: 2.5-5 mg/kg/day
- Photochemotherapy: psoralens+UVA

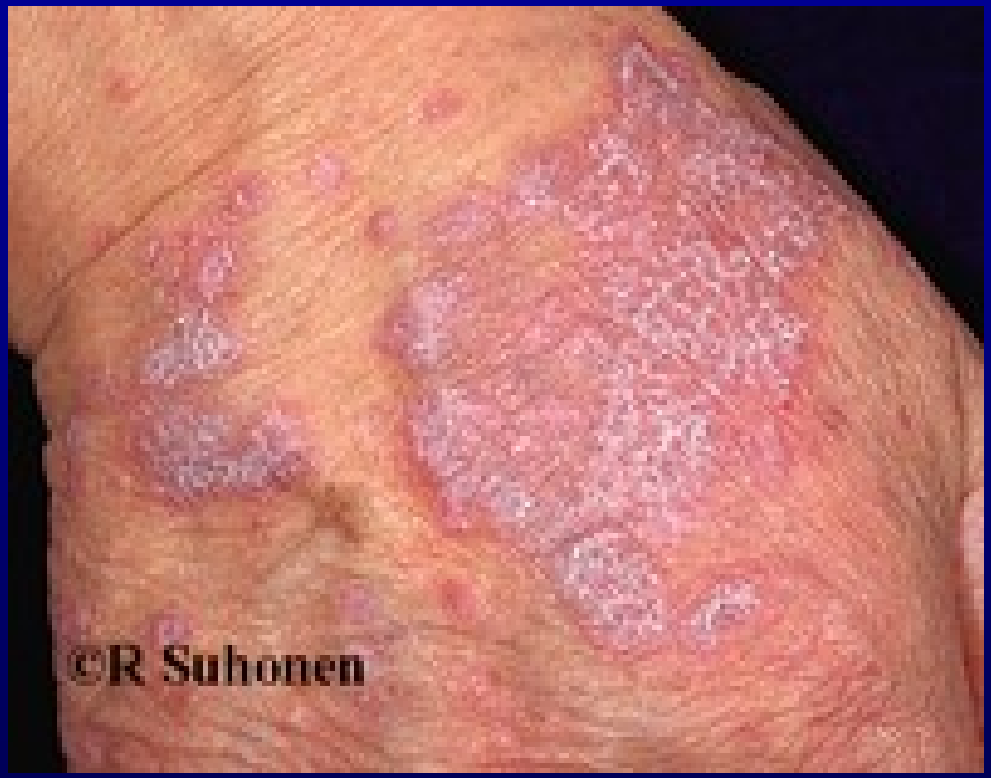
General Guidelines

- *Therapy selected according to disease type & severity*
- Topical — Mild Disease
- Systemic — Unresponsive & Severe
- *Systemic Steroids — No role in routine management*

Prognosis

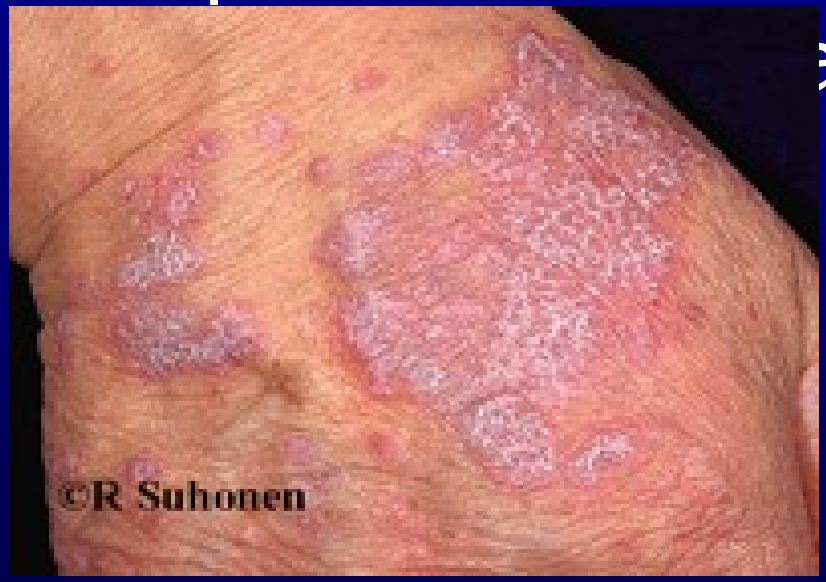
- *Troublesome Disease*
- *Relapses & Remissions*
- *Complications Frequent If Mismanaged*
- *Near normal life with Proper Treatment*

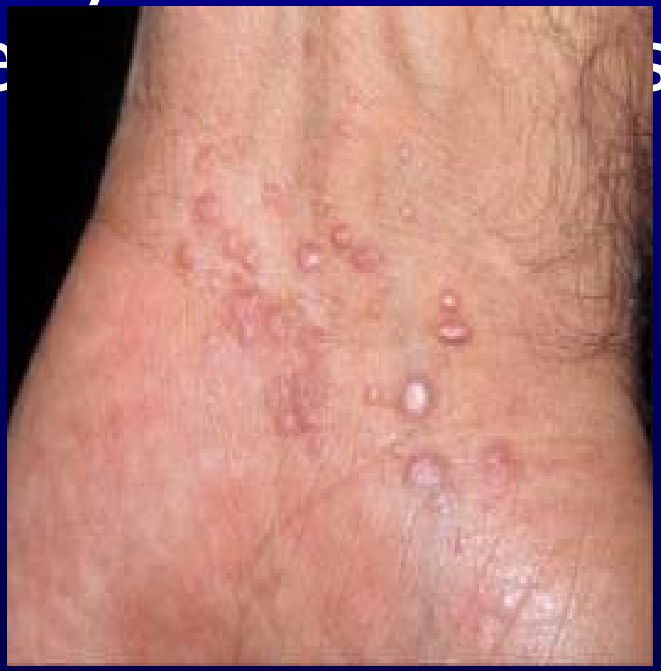
Lichen Planus



Lichen planus

- Lichen planus (LP) is a pruritic, papular eruption characterized by its violaceous





Etiology & Pathogenesis

- Exact etiology Unknown
- Pathogenesis ; immunologically mediated
- Family history ;may be positive
- HLA-B7, HLA-DR1

May be associated with

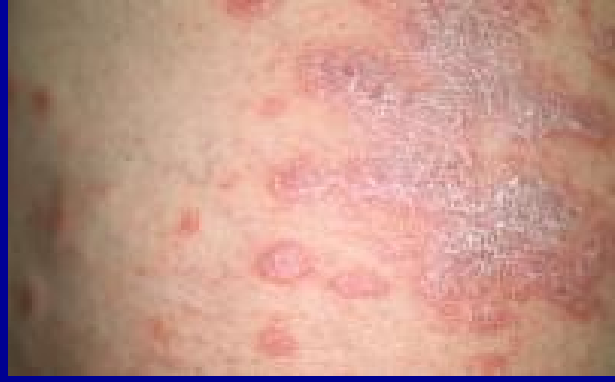
- Hepatitis C
- Diabetes

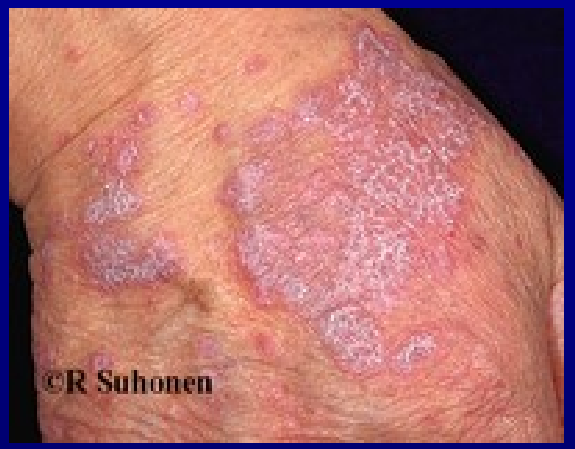
Clinical Features;

Most cases of lichen planus (LP) are insidious.

- Initial lichen planus lesion; located on the flexor surface of the limbs, such as the wrists
- After 1-16 weeks; a generalized eruption develops
- Pruritus
- Oral lesions ; asymptomatic or burning

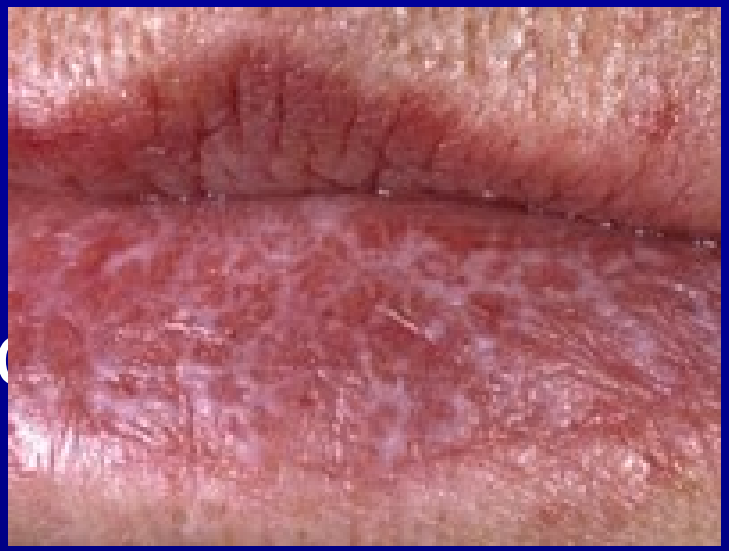
Examination





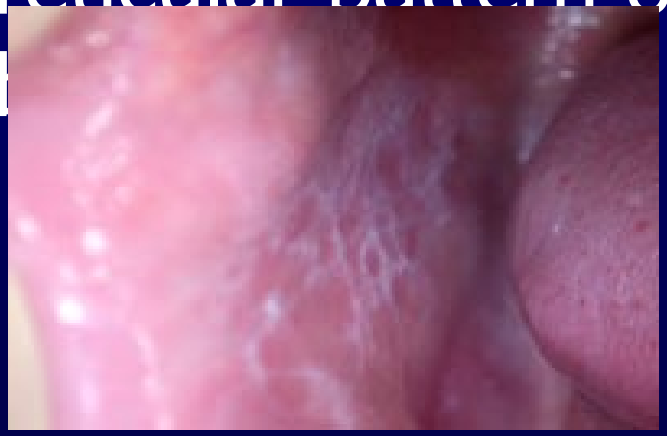
1. 5 Ps
   - Purple
   - Plane topped
   - Polygonal
   - Pruritic
   - Papules ,plaques
2. Size ;1 mm to greater than 1 cm in diameter
3. Discrete or arranged in groups ,lines or

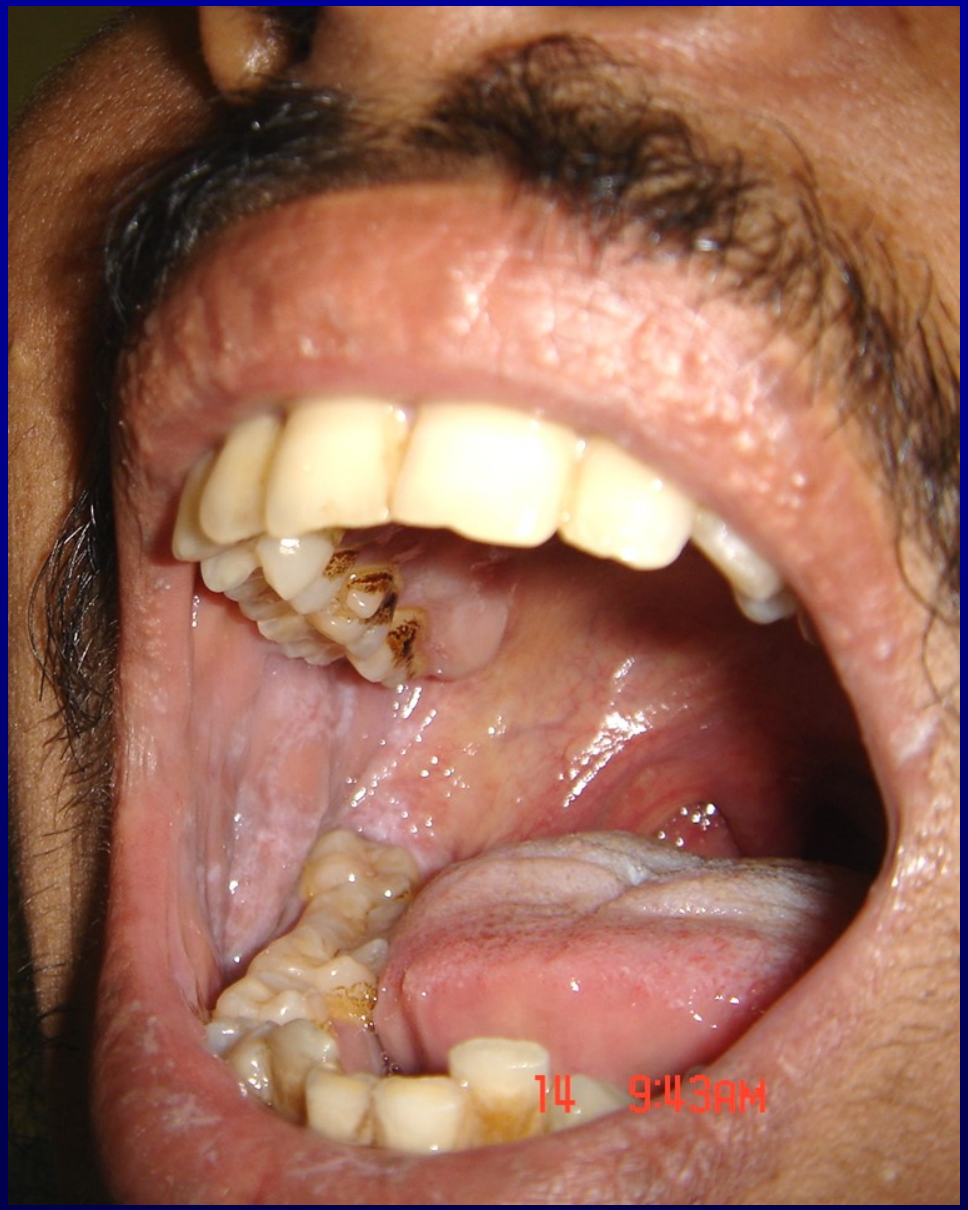
Examination



Other sites to be examined

- Oral cavity
- white streaks forming a linear or reticular pattern on a viola
- l

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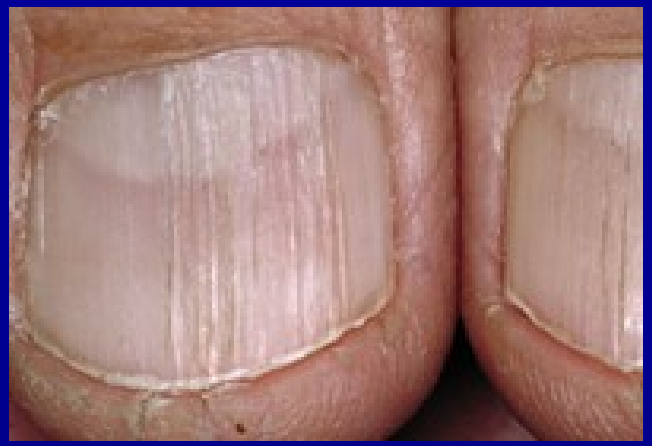
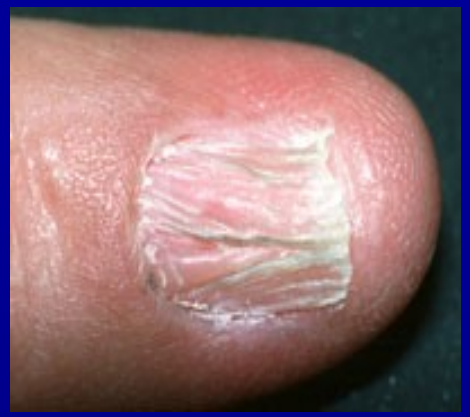
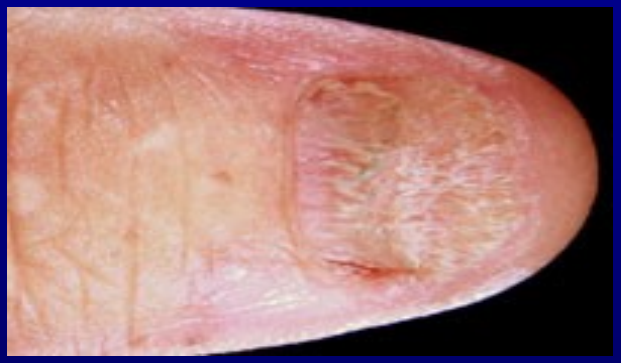
Examination



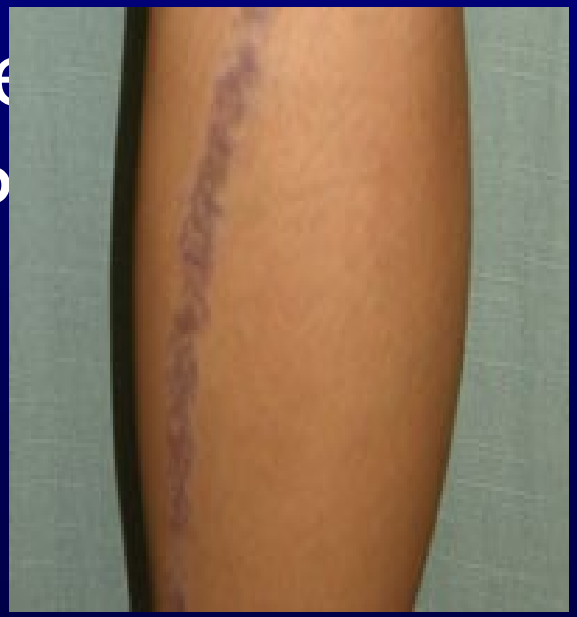


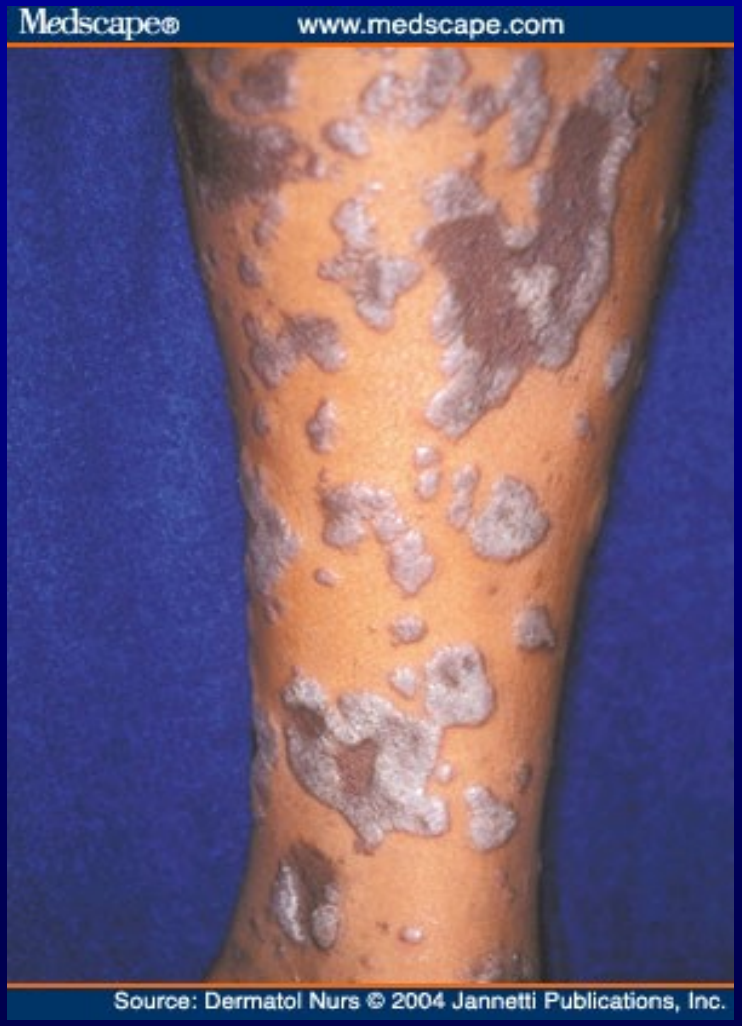
- Nails ;
  - Thinning
  - Longitudinal ridging
  - Onycholysis
  - Longitudinal melanonychia
  - Pterygium formation.
  - Twenty-nail dystrophy of childhood.



Variants of Lichen Planus

- Hypertrophic LP
- Atrophic LP
- Annular LP
- Ulcerative
- Linear LP





Diagnosis

- Typical clinical presentation

- Skin biopsy
  - hyperkeratosis of epidermis
  - saw tooth rete ridges
  - basal cell layer degeneration
  - Lymphocytic infilterate

- Immunofloresscent

Treatment

- Topical steroids;
- Potent or ultrapotent steroid
- App eeks

- Steroid injections into affected areas may

Treatment

- Systemic steroids

- Rapid control
- Symptoms relief
- Extensive disease
- But recurrence

Treatment

- Other options include;
- **Topical treatment**
  - Tacrolimus
  - Pimecrolimus

- **Systemic treatment**
  - Oral retinoids
  - azathiopurine
  - cyclosporin

Prognosis

The prognosis for lichen planus is good, as most cases regress within 18 months. Some cases recur

Patient Education

- self-limiting nature
- Several treatments may need to be tried.
- likelihood of recurrence
- potential adverse effects from the various treatments offered.
- Treatment of associated condition