

PSORIASIS

Psoriasis is a skin disease that causes red, itchy scaly patches, most commonly on the knees, elbows, trunk and scalp. It tends to go through cycles, flaring for a few weeks or months, then subsiding for a while or going into remission. Psoriasis usually appears in early adulthood. For most people, it affects just a few areas. In severe cases, psoriasis can cover large parts of the body. The patches can heal and then come back throughout a person's life.

SYMPTOMS: Common signs and symptoms include:

- Red patches of skin covered with thick, silvery scales
- Small scaling spots (commonly seen in children)
- Dry, cracked skin that may bleed or itch
- Itching, burning or soreness
- Thickened, pitted or ridged nails
- Swollen and stiff joints

The most commonly affected areas are the lower back, elbows, knees, legs, soles of the feet, scalp, face and palms.

TYPES OF PSORIASIS: There are several types of psoriasis, including:

Plaque psoriasis: The most common form plaque psoriasis causes dry, raised, red skin patches (lesions) covered with silvery scales. The plaques might be itchy or tender, and there may be few or many. They usually appear on elbows, knees, lower back and scalp.

Nail psoriasis: Psoriasis can affect fingernails and toenails, causing pitting, abnormal nail growth and discoloration. Psoriatic nails might loosen and separate from the nail bed (onycholysis).

Guttate psoriasis: This type primarily affects young adults and children. It is usually triggered by a bacterial infection such as strep throat. It's marked by small, drop-shaped, scaling lesions on the trunk, arms or legs.

Inverse psoriasis: This mainly affects the skin folds of the groin, buttocks and breasts. Inverse psoriasis causes smooth patches of red skin that worsen with friction and sweating. Fungal infections may trigger this type of psoriasis.

Pustular psoriasis: This rare form of psoriasis causes clearly defined pus-filled lesions that occur in widespread patches (generalized pustular psoriasis) or in smaller areas on the palms of the hands or the soles of the feet.

Erythrodermic psoriasis: The least common type of psoriasis, erythrodermic psoriasis can cover your entire body with a red, peeling rash that can itch or burn intensely.

Psoriatic arthritis: Psoriatic arthritis causes swollen, painful joints that are typical of arthritis. Sometimes the joint symptoms are the first or only symptom or sign of psoriasis. Symptoms range from mild to severe, and psoriatic arthritis can affect any joint. It can cause stiffness and progressive joint damage that in the most serious cases may lead to permanent joint damage.

CAUSES:

Psoriasis is thought to be an immune system problem that causes the skin to regenerate at faster than normal rates. Most common type of psoriasis, known as plaque psoriasis the rapid turnover of cells results in scales and red patches. The condition is not contagious.

Psoriasis triggers factors: Common psoriasis triggers include:

- Infections such as strep throat or skin infections
- Weather especially cold, dry conditions
- Injury to the skin such as a cut or scrape, a bug bite, or a severe sunburn
- Stress
- Smoking and exposure to secondhand smoke
- Heavy alcohol consumption
- Certain medications — including lithium, high blood pressure medications and antimalarial drugs
- Rapid withdrawal of oral or systemic corticosteroids

RISK FACTORS:

Anyone can develop psoriasis. These factors can increase the risk:

Family history: The condition runs in families. Having one parent with psoriasis increases your risk of getting the disease, and having two parents with psoriasis increases your risk even more.

Stress: Because stress can impact your immune system high stress levels may increase your risk of psoriasis.

Smoking: Smoking tobacco not only increases your risk of psoriasis but also may increase the severity of the disease.

DIAGNOSIS:

Physical exam: It is usually easy for your doctor to diagnose psoriasis especially if you have plaques on areas such as;

- Scalp
- Ears
- Elbows
- Knees
- Belly button
- Nails

Lab tests: Biopsy - Remove a small piece of skin and test it to make sure you don't have a skin infection. There's no other test to confirm or rule out psoriasis.

TREATMENT:

Psoriasis treatments aim to stop skin cells from growing so quickly and to remove scales. Options include creams and ointments (topical therapy), light therapy (phototherapy), and oral or injected medication.

Topical therapy:

Corticosteroids: These drugs are the most frequently prescribed medications for treating mild to moderate psoriasis. They are available as ointments, creams, lotions, gels, foams, sprays and shampoo.

Vitamin D analogues: Synthetic forms of vitamin D such as calcipotriene and calcitriol (Vectical) slow skin cell growth. This type of drug may be used alone or with topical corticosteroids.

Calcineurin inhibitors: Calcineurin inhibitors such as tacrolimus (Protopic) and pimecrolimus (Elidel) reduce inflammation and plaque buildup. They can be especially helpful in areas of thin skin such as around the eyes where steroid creams or retinoids are too irritating or may cause harmful effects.

Salicylic acid: Salicylic acid shampoos and scalp solutions reduce the scaling of scalp psoriasis. It may be used alone to enhance the ability of other medications to more easily penetrate the skin.

Coal tar: Coal tar reduces scaling, itching and inflammation. It is available over-the-counter or by prescription in various forms such as shampoo, cream and oil. These products can irritate the skin. They're also messy, stain clothing and bedding, and can have a strong odour.

Goeckerman therapy: Some doctors combine coal tar treatment with light therapy, which is known as Goeckerman therapy. The two therapies together are more effective than either alone because coal tar makes skin more receptive to UVB light.

Anthralin: Anthralin (another tar product) is a cream used to slow skin cell growth. It can also remove scales and make skin smoother. It should not be used on the face or genitals. Anthralin can irritate skin. It's usually applied for a short time and then washed off.

Light therapy:

Light therapy is a first-line treatment for moderate to severe psoriasis either alone or in combination with medications. It involves exposing the skin to controlled amounts of natural or artificial light.

Sunlight: Brief daily exposures to sunlight (heliotherapy) might improve psoriasis.

UVB broadband: Controlled doses of UVB broadband light from an artificial light source can treat single patches, widespread psoriasis and psoriasis that doesn't improve with topical treatments. Short-term side effects might include redness, itching and dry skin. Moisturizing regularly can help ease your discomfort.

UVB narrowband: UVB narrowband light therapy might be more effective than UVB broadband treatment. It's usually administered two or three times a week until the skin improves and then less frequently for maintenance therapy. Narrowband UVB phototherapy may cause more-severe and longer lasting burns, however.

Psoralen plus ultraviolet A (PUVA): This treatment involves taking a light-sensitizing medication (psoralen) before exposure to UVA light. UVA light penetrates deeper into the skin than does UVB light and psoralen makes the skin more responsive to UVA exposure.

Excimer laser: With this form of light therapy, a strong UVB light targets only the affected skin. Excimer laser therapy requires fewer sessions than does traditional phototherapy because more powerful UVB light is used. Side effects can include redness and blistering.

Oral or injected medications:

Steroids: If you have a few small, persistent psoriasis patches, your doctor might suggest an injection of triamcinolone right into the lesions.

Methotrexate: Usually administered weekly as a single oral dose methotrexate (Trexall) decreases the production of skin cells and suppresses inflammation.

Cyclosporine: Taken orally for severe psoriasis cyclosporine (Neoral) suppresses the immune system. It's similar to methotrexate in effectiveness but cannot be used continuously for more than a year. Like other immunosuppressant drugs, cyclosporine increases your risk of infection and other health problems, including cancer.

Biologics: These drugs usually administered by injection, alter the immune system in a way that disrupts the disease cycle and improves symptoms and signs of disease within weeks.

References:

<https://www.mayoclinic.org>

<https://www.webmd.com/skin-problems-and-treatments/psoriasis/understanding-psoriasis-basic>