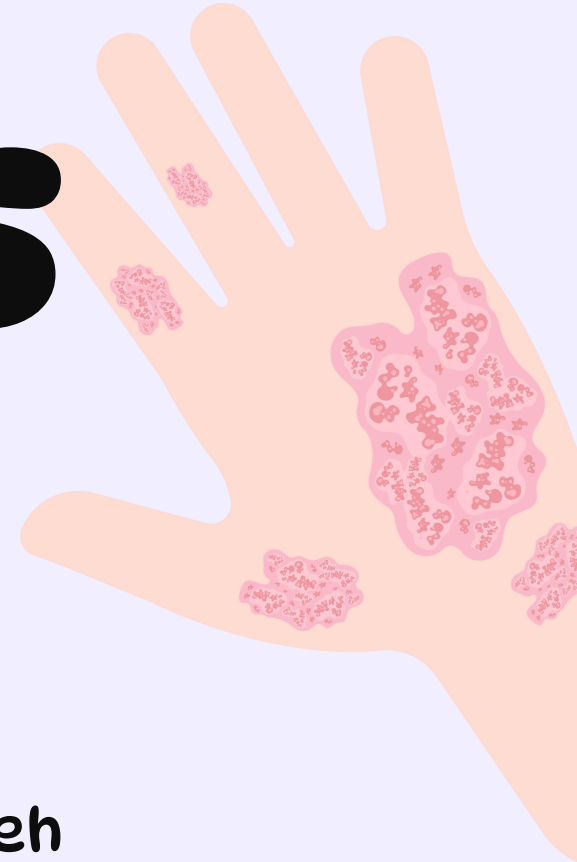


PSORIASIS



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DEFINITION

Psoriasis is a chronic, inflammatory, autoimmune diseases affecting mainly the skin with characteristic cutaneous clinical and histopathological features .It can be associated with significant morbidity and impaired patient quality of life .

It's not curable, and it's not contagious.



ETiology

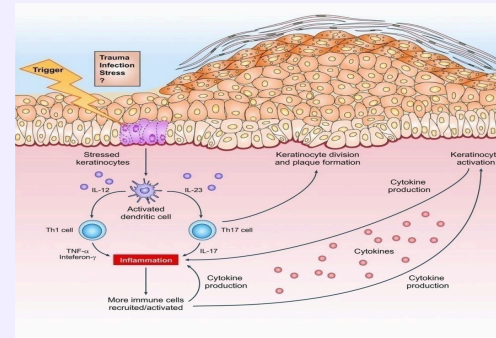
- **Genetic predisposition: most likely determined via polygenic inheritance**
- **Trigger factors**
 - **Infectious**
 - **Mechanical irritation**
 - **Drugs (e.g., beta-blockers, chloroquine, lithium, interferon)**

PATHOGENESIS

The mechanism causing the immune response is not yet well understood.

- Increased proliferation of keratinocytes Acanthosis: thickening of the epidermis
- Parakeratosis: retention of nucleated keratinocytes in the stratum corneum
- T cells secrete cytokines, which mediate an inflammatory response.

Keratinocytes need 28 days to complete the cycle from basal layer to the outer most layer, but in psoriasis this cycle take 3-4 days .



CLINICAL PRESENTATIONS

❖ **Skin:** Primary lesion: Well demarcated erythematous plaques covered with dry silver scales on extensor surfaces (in psoriasis vulgaris)

Positive auspitz sign: pinpoint bleeding when scale is picked off

❖ **Nail changes seen in psoriasis:** Nail pitting, onycholysis, oil spot, and discoloration and thickening

❖ **Scalp:** Thick scaly plaques covered with silvery dry scales that may extend beyond the hair margin (vs seborrheic dermatitis which respect the margin)

❖ **Mouth:** Geographical tongue

Subtypes OF PSORIASIS

1. Plaque psoriasis (psoriasis vulgaris)
2. Scalp psoriasis
3. Nail psoriasis
4. Flexural (inverse) psoriasis
5. Acute pustular psoriasis
6. Chronic palmoplantar pustulosis
7. Erythrodermic psoriasis
8. Guttate psoriasis
9. Unstable or 'brittle' psoriasis
10. Arthropathic psoriasis

1. PLAQUE PSORIASIS (PSORIASIS VULGARIS)

- ❖ It is characterized by well-defined erythematous plaques that may have adherent dry silvery scales
- ❖ Symmetrical plaques on elbows, knees, and lower trunk, with scalp involvement and it can be pruritic



Well demarcated, erythematous plaques covered with silvery dry scales on the knees

2. SCALP PSORIASIS

- ❖ Between 50% and 80% of patients with psoriasis develop lesions on their scalp.
- ❖ If it occur without skin lesions it is called scalp psoriasis.
- ❖ The scales are dry and silvery, and the lesions can be felt.
- ❖ **lesions may extend onto facial skin or posterior neck (do not respect the hair margin)**



Well demarcated erythematous plaques covered with silvery scaly and extending beyond the hair margin.

3-NAIL DISEASE(NAIL PSORIASIS)

❖ Nail involvement is common in all forms of psoriasis, affecting an estimated 80% of patients with the disease especially in pustular, Erythrodermic and palmoplantar forms and with psoriatic arthritis.

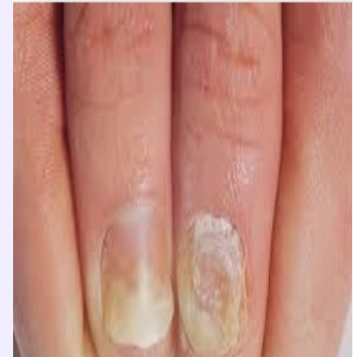
❖ Nail pitting, oil drop-like patterns of yellow or salmon discoloration, nail thickening, Onycholysis and discoloration.

❖ oil spot sign: yellowish brown spots that result from nail bed parakeratosis

❖ Nail disease can occur without any skin involvement (nail psoriasis) Which is sometimes difficult to diagnose.



Onycholysis, discoloration, oil spots





Pitting and Onycholysis



Onycholysis , pitting and discoloration

4-INVERSE(FLEXURAL) PSORIASIS

- ❖ Involves the groin and/or other intertriginous areas, such as the armpits, under the breasts, or in abdominal skin folds
- ❖ Characterized by well-defined, shiny, erythematous plaques with minimal scaling (due to friction of the opposed skin leading to scale removal)
- ❖ Differential diagnosis: Fungal infection and Seborrheic dermatitis



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Flexural psoriasis with nail changes
(pitting).



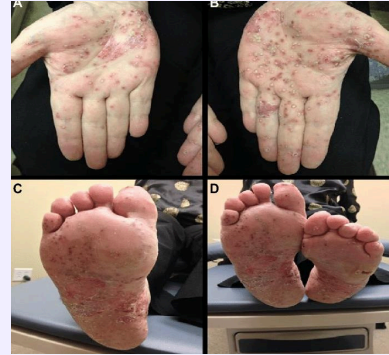
Peri- umbilical flexural psoriasis.

5-PUSTULAR PSORIASIS

➔ Eruption of sterile pustules that can be generalized and extensive or localized to existing plaques

➔ **von Zumbusch variant:** Acute generalized pustular psoriasis, an uncommon, severe form of psoriasis that may be accompanied by edema and fever and may require hospitalization

➔ It needs systemic treatment



Pustular psoriasis-
Localized
(palmoplantar)



Generalized erythema studied with sterile pustules.

6-PALMOPLANTAR PSORIASIS

➔ **Characterized by yellow-brown sterile pustules on the hands and feet**

➔ **Nail changes are more frequent in this variant**

➔ **Patients may also experience scaling and severe pruritus, making this variant difficult to differentiate from hand eczema**

➔ **more common in women**

➔ **Smoking is a risk factor for this variant**

➔ **Differential diagnosis:**
o Eczema (biopsy is helpful for making the diagnosis of psoriasis)
o Fungal infection

PALMOPLANTAR PSORIASIS



Well-defined Itchy erythema with scaling



Well-defined itchy erythema with scaling, some pustules.



Well-defined itchy erythema with scaling, some pustules and nail changes.

7-ERYTHRODERMIC PSORIASIS

- ⇒ **Erythrodermic psoriasis appears as generalized Exfoliative dermatitis that can affect a large percentage of a patient's body surface area.**
- ⇒ **Erythrodermic:** affection of more than 90% of BSA (body surface area)
- ⇒ **Hair loss and nail dystrophy** are common with this type
- ⇒ **Patients may experience fever, chills, and/or fatigue**
- ⇒ **can be life-threatening and require hospitalization**



ERYTHRODERMIC PSORIASIS



Generalized erythema with scales, can appear due to maltreated psoriasis vulgaris

8-GUTTATE PSORIASIS

- ➔ **Characterized by small, scattered, pink, oval (drop-shaped) papules with silvery scaling that usually appear on the trunk and extremities**
- ➔ **It typically occurs as new onset psoriasis in patients under 30 years of age**
- ➔ **Guttate psoriasis is often triggered by strep throat infections.**
- ➔ **Systemic antibiotic should be given**
- ➔ **Good prognosis**

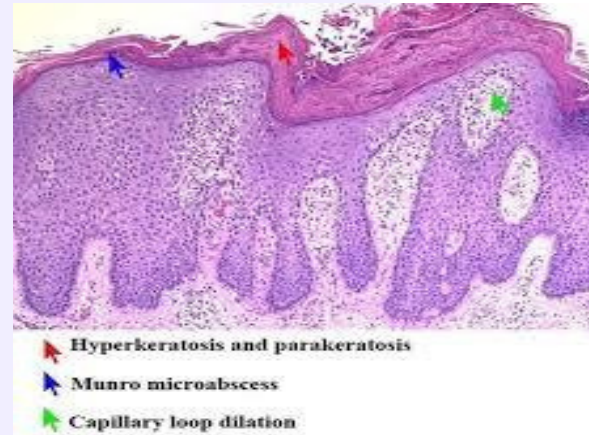
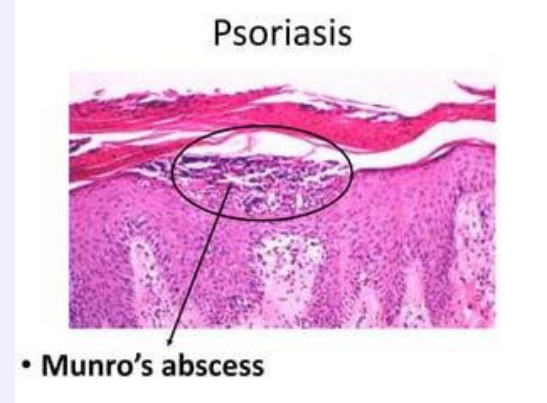


Small, erythematous papules (drop shaped lesions) covered with scales on the trunk and extremities.

**Differential diagnosis:
pityriasis rosea, lichen
planus, pityriasis lichenoides**

HISTOPATHOLOGICAL FEATURES

1. Hyperkeratosis
2. Parakeratosis
3. Munro`s microabscess
4. Acanthosis
5. Hypogranulosis
6. Lymphocytic inflammatory infiltrate



EXACERBATING FACTORS

➔ **Infections, particularly strep throat**

➔ **Smoking, alcohol consumption, obesity**

➔ **Drugs: lithium, synthetic antimalarial drugs, tetracycline antibiotics, beta blockers, and NSAIDs**

➔ **Skin trauma**

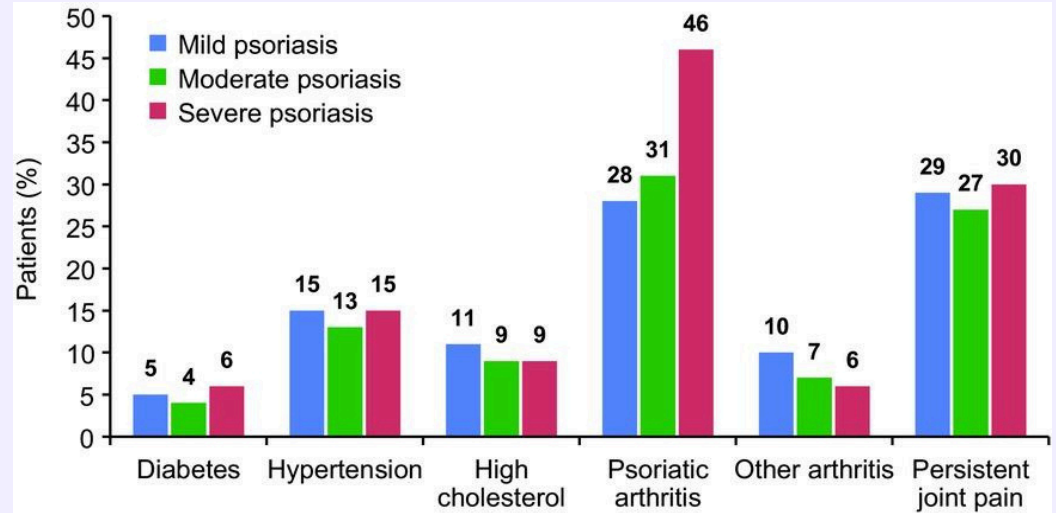
➔ **Emotional stress**

➔ **In women, psoriasis severity often fluctuates with changes in hormone levels**



ASSOCIATED CO MORBIDITIES

1. Psoriatic arthritis.
2. Hyper lipidemia.
3. Obesity.
4. Hyper tension.
5. Hyper metabolic syndrome.
6. Increased risk for cardiovascular disease.



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PSORIATIC ARTHRITIS

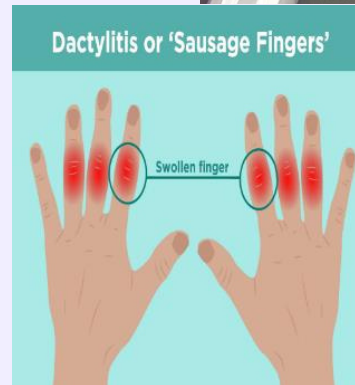
➔ **One in five patients with psoriasis has psoriatic arthritis (20%).**

➔ **It is a Seronegative arthritis.**

➔ **Nail changes is seen more with psoriatic arthritis.**

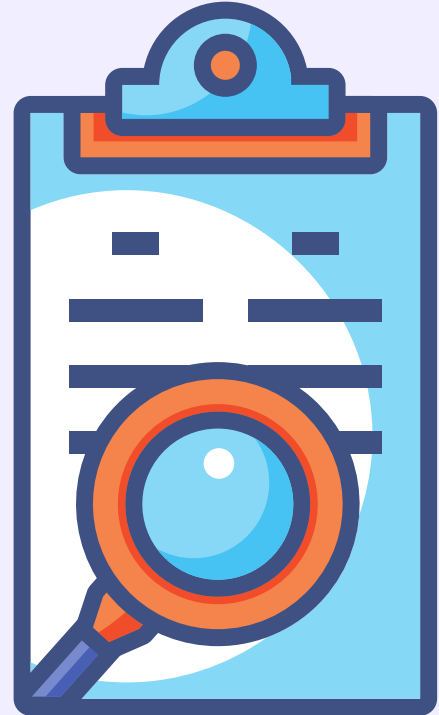
➔ **Dactylitis is a clinical feature.**

➔ **X-ray is helpful in the diagnosis.**



DIFFERENTIAL DIAGNOSIS FOR PSORIASIS

- 1. Eczema.**
- 2. Lichen planus.**
- 3. Fungal infection.**
- 4. Pityriasis rubra pilaris.**
- 5. Pityriasis lichenoides.**
- 6. Mycosis fungoides.**
- 7. Secondary syphilis (especially in Guttate psoriasis).**



TREATMENT

No curable treatment till now.

The goal of treatment is to control the disease to go into a remission.

TOPICAL TREATMENT AGENTS

- 1. Crude coal tar (Carcinogenic & smelly)**
- 2. Emollients (Petrolatum / Vaseline)**
- 3. Dithranol**
- 4. Topical steroids**
- 5. Topical calcipotriol (Vit.D derivative)**
- 6. Topical Calcineurin inhibitor (Tacrolimus)**
- 7. Topical retinoids (Vit. A derivatives)**
- 8. Local phototherapy**
- 9. Local laser treatment**

Topical treatment for less severe (<10% BSA) as first line of treatment



**Phototherapy-Local
for nail disease/
Palmoplantar**

SYSTEMIC TREATMENT OPTIONS

- 1. Phototherapy (PUVA and NB-UVB)**
- 2. Methotrexate (low weekly dose)**
- 3. Retinoids (Vit. A derivatives)**
- 4. Cyclosporine**
- 5. Apremilist**
- 6. Biological treatment**



Systemic treatment for more extensive and severe disease and failure of topical treatment

thank you

