

Psoriasis

- Common papulo-squamous disorder
- Affects 2% of the population
- Characterised by demarcated, red, scaly plaques
- Skin becomes inflamed and hyperproliferates at 10 times the normal rate

Clinical Features

Chronic Plaque Psoriasis

- Most common type
- Characterised by pinkish red scaly plaques, with a silver scale, especially on extensor surfaces such as knees and elbows
- New sites of plaques at the sites of trauma

Flexural Psoriasis

- Occurs in later life
- Well-marcated red glaze plaques confined to flexures

Guttate Psoriasis

- Most commonly seen in kids and young adults
- Explosive Eruption of very small circular or oval plaques appears over the trunk about two weeks after a Strep sore throat

Erythrodermic and Pustular Psoriasis

- Most severe types
- They can occur together and may be assoicated with malaise, pyrexia and circulatory disturbance
- Can be life-threatening

Associated Features

- About 50% of people develop nail changes
- 5-10% develop Psoriatic Arthritis

Treatment

Concerns with control rather than cure and be tailored to patients wishes:

Chronic Plaque Psoriasis

- Emollients
- Mild to Moderate Topical Steroids
- Synthetic Vitamin D3 Analogues
- Retinoids
- Coal Tar

Topical therapies are sometimes used in combination with UVB or PUVA.

Flexural Psoriasis

- Mild Steroid
- Tar topical creams
- Calcitriol and 0.1% Tacrolimus ointment

Erythrodermic Psoriasis

- Systemic therapy (Methotrexate, acitretin, ciclosporin, mycophenylate)
- General supportive measures

Prognosis

- Most with chronic plaque psoriasis will have it lifelong with intervals of remission
- Guttate psoriasis resolves spontaneously in up to a third of individuals